Date: ______

Early Public Comment Registration Statement - Common Council 2009 CAPITAL BUDGET

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

PLEASE PRINT CLEARLY Name: (ARLA) MC(M)	16HC(1) Address:(((o S. FRANKUA
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	MN & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question)			
Name, addr	ess and telephone number of each person or organization you are representing:		
Are you bein	ng paid for your representation?		
Are you app (If you answ the next que	earing as part of your other paid duties for this person or organization?		
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
	vered "yes" to the question, STOP . You need not complete the rest of this form, except that on this form. If you answered "no" to the question, go on to the next question.)		
If you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be :		
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 at Room 10	to the City Clerk's website <u>www.cityofmadisem.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

At this meeting are you representing an organization or a person other than yourself: Yes In No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)				
Name, add	Name, address and telephone number of each person or organization you are representing:			
Are you be	ing paid for your representation?			
	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)			
•	n elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?			
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)			
If you are I advised tha	peing paid for your representation, or if your appearance is part of other paid duties, please be at:			
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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 03 of the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

Date: 11/11/08

Early Public Comment Registration Statement - Common Council 2009 CAPITAL BUDGET

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

PLEASE PRINT CLEARLY Name: MICLES (VIC	Lerman Address: 50	09 Elmside Blud.
		edison
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer

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 whom you represent and go on to the next question)					
Name, addre	ss and telephone nu	mber of each pe	erson or org	anizatio	n you are representing:
	Sel	<u></u>			
	•	1			
Are you being	g paid for your repre	sentation?			☐ Yes 🛣 No
	ered "no," STOP; yo				organization? Yes No form. If you answered "yes," go on to
Are you an municipality o	elected official or e or other government	mployee who is all body?	s appearing	solely	on behalf of your office or for your ☐ Yes ☒ No
					lete the rest of this form, except that to the next question.)
If you are be advised that:	ing paid for your rep	resentation, or i	f your appe	arance i	s part of other paid duties, please be
1.	Before you engag authorization with t		s a lobbyis	t, you o	or your principal must file an
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 we of the City-County E				findex.html or go to the Clerk's Office ion.)
Date <u>/√♡</u> \	111,08	Signature Print Name	David	RA.	Remmele

Early Public Comment Registration Statement - Common Council 2009 CAPITAL BUDGET This form to to be used ON V by page 1997 to be 1897 or obtild care.					
	This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.				
You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.					
PLEASE PRINT CLEARLY Name: Dave Remme ENTER AMENDMENT NUMBER	Address: 54 CHECK ONE BOX IN THIS COLUI	406 Deuton Place dison (NI. 5371) MN&ONE BOXIN THIS COLUMN			
Amendment No. 21	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer			
Capital Budget Amendment No	Support Oppose Neither Support Nor Oppose	questions Wish to speak Do not wish to speak Available to answer questions			
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
Amendment No.	Support Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer			

Date: _____

Available to answer

Do not wish to speak

Available to answer

Wish to speak

questions

questions

Neither Support Nor Oppose

Neither Support Nor Oppose

Support

Oppose

Amendment No.

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 whom you represent and go on to the next question.)			
Name, a	ddres	ress and telephone number of each person or organization you are representing	
····			
			
Are you	being	ng paid for your representation?	☐ No
	nswe	pearing as part of your other paid duties for this person or organization?	
		elected official or employee who is appearing solely on behalf of your official or other governmental body?	ce or for your
		wered "yes" to the question, STOP. You need not complete the rest of this for ign this form. If you answered "no" to the question, go on to the next question.)	m, except that
lf you ar advised		eing paid for your representation, or if your appearance is part of other paid dut t:	ies, please be
1	r	Before you engage in lobbying as a lobbyist, you or your principal must authorization with the City Clerk.	file an
2)	Your principal is not permitted to authorize you to lobby unless you are reg with the City Clerk.	istered
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 03 of the City-County Building, Madison, for more information.)	Clerk's Office
Date		Signature	
		Print Name	

Date: /////2008

Early Public Comment Registration Statement - Common Council 2009 CAPITAL BUDGET

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

PLEASE PRINT CLEARLY	Λ	.)
Name: Wundham W	anning Address: 6	29 N Frances ST
	Ma Ma	29 N Frances St Idison, WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUI	
Amendment No. 26	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ 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 (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)			
Name, addre	ess and telephone number of each person or organizat	tion you are representing:	
			
Are you bein	ng paid for your representation?	☐ Yes ☐ No	
Are you app (If you answ the next que	earing as part of your other paid duties for this person rered "no," STOP; you need not complete the rest of the estion.)	or organization?	
	elected official or employee who is appearing sole or other governmental body?	ly on behalf of your office or for your ☐ Yes ☐ No	
(If you answ you must sig	vered "yes" to the question, STOP. You need not congn this form. If you answered "no" to the question, go o	mplete the rest of this form, except that n to the next question)	
If you are be advised that	eing paid for your representation, or if your appearanc	e is part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	u or your principal must file an	
2	Your principal is not permitted to authorize you to with the City Clerk.	lobby unless you are registered	
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 t at Room 10	to the City Clerk's website <u>www.cityofmadison.com/cle</u> 3 of the City-County Building, Madison, for more inform	erk/index.html or go to the Clerk's Office nation.)	
Date	Signature		
	Print Name		

Date:	1/11/08
	/ /

Early Public Comment Registration Statement - Common Council 2009 CAPITAL BUDGET

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

PLEASE PRINT CLEARLY		
Name: Tracy Diet	ze/ Address: 5/5	5 S. Paterson
		55, Paterson adison, WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	MN & ONE BOX IN THIS COLUMN
Amendment No/8	Support Oppose Neither Support Nor Oppose	 Wish to speak Do not wish to speak Available to answer questions
Amendment No. 26	☐ Support☑ Oppose☐ Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

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Name, add	Name, address and telephone number of each person or organization you are representing:				
Are you be	eing paid for your representation?	☐ Yes ☐ No			
Are you ap (If you ans the next qu	ppearing as part of your other paid duties for this person or org swered "no," STOP; you need not complete the rest of this for uestion.)	ganization?			
•	an elected official or employee who is appearing solely on ity or other governmental body?	behalf of your office or for your Yes No			
(If you ans you must s	swered "yes" to the question, STOP. You need not complete sign this form. If you answered "no" to the question, go on to t	e the rest of this form, except that the next question.)			
If you are I advised tha	being paid for your representation, or if your appearance is pat:	part of other paid duties, please be			
1.	Before you engage in lobbying as a lobbyist, you or authorization with the City Clerk.	your principal must file an			
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(Please go at Room 1	o to the City Clerk's website <u>www.cityofmadison.com/clerk/ind</u> 103 of the City-County Building, Madison, for more information	dex.html or go to the Clerk's Office			
Date	Signature				
	Print Name				

Date: 11/11/08

Early Public Comment Registration Statement - Common Council 2009 CAPITAL BUDGET

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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

Name: Mary-Elizabet	in Pasques, Address: 515	5 S. Paterson #2
Name: Mary-Elizabet	M	adison, UI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	WN & ONE BOX IN THIS COLUMN
Amendment No. 26	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

PLEASE PRINT CLEARLY

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

Date: 1/11/08

Early Public Comment Registration Statement - Common Council 2009 CAPITAL BUDGET

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

PLEASE PRINT CLEARLY Name: LISIDE NEISOL		14 Welch Ave
		WADISON
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	UN & ONE BOX IN THIS COLUMN
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)			
Name, address and telephone number of each person of organization you are representing: [N 0 PPOSITION TO THE 1,7 million WASTED]			
Univer 6 nove - 1005 of perfectly good sections ARE			
Are you being paid for your representation? MANLED TEN Yes No Acstraction + Perfection + Perfect			
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
(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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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.))			
Date 11/11/08 Signature proportion of the Print Name Jenny ToTNam			

Early Public Comment Registration Statement - Common Council 2009 CAPITAL BUDGET

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You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT-CLEARLY	Address Illa	600 110 00 EV
Name: JERRY STW	Address: 7-7	102 WOODS EN
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUN	IN & ONE BOX IN THIS COLUMN
Amendment No. Silow And WASTED Rephaseum	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(SEE BACK)

(If you	u answ	ing are you representing an organization or a person other than yourself: Yes No rered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide whom you represent and go on to the next question.)
Name	e, addre	ess and telephone number of each person or organization you are representing:
Are y	ou beir	ng paid for your representation?
(If you	u answ	earing as part of your other paid duties for this person or organization? Yes No vered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
		vered "yes" to the question, STOP. You need not complete the rest of this form, except that gn this form. If 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 3 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Early Public Comment Registration Statement - Common Council 2009 CAPITAL BUDGET

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

PLEASE PRINT CLEARLY		2
Name:	YNCH Address: 430	I CRETCENT RD#
	Err	CHBINCO WI 5371
	+ + \	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	MN & ONE BOX IN THIS COLUMN
	—	
O(Support	Wish to speak Do not wish to speak
Amendment No.	Oppose	Available to answer
	Neither Support Nor Oppose	questions
	Support	☐ Wish to speak
Amendment No.	Oppose	Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions
		Wish to speak
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	Do not wish to speak
Amendment No.		Available to answer
		questions
	☐ Support	☐ Wish to speak
Amendment No	OpposeNeither Support Nor Oppose	☐ Do not wish to speak ☐ Available to answer
		questions
		☐ Wish to speak
Amendment No	Support	Do not wish to speak
Amendment No.	OpposeNeither Support Nor Oppose	Available to answer
	☐ Neither Support Not Oppose	questions
	☐ Support	Wish to speak
Amendment No	Oppose	☐ Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions
		☐ Wish to speak
Amondment No	Support	Do not wish to speak
Amendment No	Oppose	Available to answer
	Neither Support Nor Oppose	questions

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Dace Zeps	Address: 3c	013 Worthmaton Av
ENTER AMENDMENT NUMBER		adison WI 5371 an & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No]	✓ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questjons
Amendment No. 12,13	✓ Support☐ Oppose☐ Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No. 14,24	Support Oppose Neither Support Nor Oppose	Wish to speak✓ Do not wish to speak☐ Available to answer questions
Amendment No. 1632	Support Oppose Neither Support Nor Oppose	✓ 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 whom you represent and go on to the next question.)			
Name, address and telephone number of each person or organization you are representing:			
	orthington Park	Neighbor hood	5 HS80K
	INPC		
Are you bein	g paid for your representation?		☐ Yes ☑ No
	earing as part of your other paid dut ered "no," STOP ; you need not con stion.)		
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
(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 be advised that	ing paid for your representation, or	if your appearance is par	rt of other paid duties, please be
1.	Before you engage in lobbying authorization with the City Clerk.	as a lobbyist, you or yo	our principal must file an
2	Your principal is not permitted to with the City Clerk.	authorize you to lobby u	unless you are registered
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.city</u> 3 of the City-County Building, Madis		x.html or go to the Clerk's Office
Date	Signature		
	Print Nam	e	

Date: 1 / / / 0 %

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

Name: Name: Name: Name	Address: 4	OI ELASIDE BLUT ADISON 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 26 MUNI ART FUND	☐ Şupport ☑ Oppose ☐ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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(If yo	t this meeting are you representing an organization or a person other than yourself: Yes No f you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)			
Nam	ame, address and telephone number of each person or organization you are representing:			
Are y	you bei	ng paid for your representation?		
(If yo	you app ou ansv next que	pearing as part of your other paid duties for this person or organization?		
Are muni	are you an elected official or employee who is appearing solely on behalf of your office or for your nunicipality or other governmental body?			
(If yo you i	ou ansv must si	vered "yes" to the question, STOP . You need not complete the rest of this form, except tha gn this form. If you answered "no" to the question, go on to the next question.)		
lf you advis	u are b sed tha	eing paid for your representation, or if your appearance is part of other paid duties, please be t:		
	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?		
(Plea at Ro	ase go oom 10	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)		
Date		Signature		
		Print Name		

Date: 11 11 08

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: A STANCE M. KIL	MHRK Address: 18(OR WINEBAGO ST
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	AD SON MJ 53704
Amendment No C C.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer

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Name	Name, address and telephone number of each person or organization you are representing:				
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Are yo	ou bein	g paid for your repr	esentation?		☐ Yes ☐ No
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		elected official or or other governmen		appearing solely on be	half of your office or for your ☐ Yes ☐ No
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	are be		presentation, or if	your appearance is part	of other paid duties, please be
	1	Before you engage		a lobbyist, you or you	r principal must file an
	2	Your principal is with the City Clerk		uthorize you to lobby un	less you are registered
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					html or go to the Clerk's Office
	į	of the City-County	Building, Madison	, for more information)	. \ A \
Date	1()	11/08	Signature	<u>Von steurs</u>	4 Klmake
		1	Print Name	CONSTANCE	M. KILMARK

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Celia A Klehr	Address: 93.	3 N. Fair Oaks
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	3 N Fair Oaks dison, W 53714 IN & ONE BOX IN THIS COLUMN
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Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

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Name, addre	ess and telephone number of each person or organization you are representing:				
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Are you beir	g paid for your representation?				
	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)				
	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	rered "yes" to the question, STOP . You need not complete the rest of this form, except that in this form. If you answered "no" to the question, go on to the next question.)				
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office B of the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				

There

Date: 10/12/02

CITY OF MADISON Registration Statement - Common Council

2009 CAPITAL BUDGET

Name: Christopher Be	Address: 811	Jenifer dison, WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No. 26	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
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Are y	ou bei	ng paid for your representation?			
(If yo		earing as part of your other paid duties for this person or organization? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?			
(If yo you r	ou ansv nust si	vered "yes" to the question, STOP . You need not complete the rest of this form, except that In this form. If you answered "no" to the question, go on to the next question.)			
	are bed that	eing paid for your representation, or if your appearance is part of other paid duties, please be :			
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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?			
(Plea at Ro	se go om 10	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)			
Date		Signature			
		Print Name			

Date: 11 /12/0 🗸

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

Name: Amanda (\(\text{\(\text{\) \}}}}} \end{\(\text{\(\text{\) \\ \ext{\(\text{\(\text{\) \ext{\(\text{\) \ext{\(\text{\(\text{\) \ext{\(\text{\(\text{\(\ext{\) \ext{\(\text{\(\text{\(\text{\) \ext{\(\text{\(\text{\(\text{\(\text{\) \ext{\(\text{\) \ext{\(\text{\) \ext{\(\text{\) \ext{\(\text{\) \ext{\(\text{\(\text{\) \ext{\(\text{\) \ext{\(\text{\) \ext{\(\text{\) \ext{\(\text{\) \ext{\(\text{\) \ext{\(\text{\) \ext{\ \exitinint{\ \ext{\ \ext{\ \ext{\ \ext{\ \ext{\ \exitin{\ \ext{\ \exitil\ \ext{\ \exitil{\ \ext{\ \exitil{\ \exitil{\ \ext{\ \exitil{\ \exitil} \exitil{\ \exitil{\ \exitil{\ \exitil{\ \exitil{\ \exitil} \ \exitil{\ \exitil} \ \ \exitil{\ \exitil{\ \ex	1 putteday St. upt dison, WE 53+03
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Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer

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 whom you represent and go on to the next question.)						
Name, addre	Name, address and telephone number of each person or organization you are representing:					
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Are you being	paid for your represe	ntation?			☐ Yes ☐ No	
	aring as part of your o ered "no," STOP; you r etion.)					☐ No on to
	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 ques n this form. If you answ					ot that
If you are bei advised that:	ng paid for your repre	sentation, or if	your appearan	ce is part of o	ther paid duties, plea	ise be
1.	Before you engage authorization with the		s a lobbyist, yo	u or your pri	ncipal must file an	
2	Your principal is not with the City Clerk	permitted to a	authorize you to	lobby unless	you are registered	
3.	If your principal sper reporting period (half Clerk for the remaind	year), the prin	ncipal must file	•	-	
	the City Clerk's webs of the City-County Bui				or go to the Clerk's	Office
Date 11/1	Print Name AWANAA (MA)					

Date: /////09

CITY OF MADISON Registration Statement - Common Council

2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Catherine Schul	reitger Address: 4713	3 Reject St lison, WI 53705
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No	Support Oppose Neither Support Nor Oppose	 Wish to speak Do not wish to speak Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer

(If yo	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 whom you represent and go on to the next question.)			
Nam	Name, address and telephone number of each person or organization you are representing:			
Are y	ou bei	peing paid for your representation?	Yes 📴 No	
(If yo	u ansv	appearing as part of your other paid duties for this person or organization? aswered "no," STOP; you need not complete the rest of this form. If you ans question.)		
		an elected official or employee who is appearing solely on behalf of your lity or other governmental body?	our office or for your Yes	
		nswered "yes" to the question, STOP . You need not complete the rest of sign this form. If you answered "no" to the question, go on to the next quest		
	are be	e being paid for your representation, or if your appearance is part of other phat:	paid duties, please be	
	1	Before you engage in lobbying as a lobbyist, you or your principa authorization with the City Clerk	l must file an	
	2.	Your principal is not permitted to authorize you to lobby unless you with the City Clerk.	are registered	
	3.	If your principal spends or will owe more than \$1,000 for lobbying s reporting period (half year), the principal must file expense statement Clerk for the remainder of the calendar year?	_	
		go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go 103 of the City-County Building, Madison, for more information.)	o to the Clerk's Office	
Date	ate ////i/i A Signature Culture			
	, ,	Print Name Catherie Schweitzer		

Date: 11 No 1 0

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Dave Gr	Address: 64_	5. Skyvien Pl. #10 1504 53713
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. 24	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerguestions

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Name, address and telephone number of each person or organization you are representing:						
Are yo	u beir	ng paid for your representation?	☐ Yes ☐ No			
(If you	answ	pearing as part of your other paid duties for this person or orgonic formal errors of this formal errors of the second of this formal errors of the second o				
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	1	Before you engage in lobbying as a lobbyist, you or y authorization with the City Clerk	your principal must file an			
	2	Your principal is not permitted to authorize you to lobby with the City Clerk.	unless you are registered			
	3.	If your principal spends or will owe more than \$1,000 for reporting period (half year), the principal must file expensions Clerk for the remainder of the calendar year?				
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Date _		Signature				
		Print Name				

CITY OF MADISON Registration Statement - Common Council

2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY								
Name: TIM WONE Address: [61 JACKSON								
-		MSN 53704						
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM							
Amendment No. 2	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions						
Amendment No	Support Oppose Neither Support Nor Oppose							
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Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ 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:						
Are you	being pa	id for your representation?	☐ Yes ☐ No			
(If you ar		g as part of your other paid duties for this person or organiza "no," STOP; you need not complete the rest of this form. If y				
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If you are advised t		paid for your representation, or if your appearance is part of	other paid duties, please be			
1		fore you engage in lobbying as a lobbyist, you or your phorization with the City Clerk.	orincipal must file an			
2.		ur principal is not permitted to authorize you to lobby unles h the City Clerk.	ss you are registered			
3.	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?					
		City Clerk's website <u>www.cityofmadison.com/clerk/index.htr</u> ne City-County Building, Madison, for more information.)	ml or go to the Clerk's Office			
Date		Signature				
		Print Name				

Date:	(1/1)	
		

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY		
Name: MICHIGE J.	AGB Address: 4	10 Russeu ST
		MAD 1500 - 1 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No. 2/	☑ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No. 27	⊠ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer☐ Questions

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Nam	e, addı	ess and telephone number of each person or organization you are representing:		
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Are y	you bei	ng paid for your representation?		
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_	u are b sed tha	eing paid for your representation, or if your appearance is part of other paid duties, please t t:	е	
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Date		Signature		
		Print Name		

Date: /// \$/ 0 8

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: 3/// 3 AKKE	R Address: 8	30 Temp Plane HDISON W:
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No / S	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 26	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
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Name, addre	ess and telephone number of each person or organization you are representing:		
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Are you beir	ng paid for your representation?		
	earing as part of your other paid duties for this person or organization? Yes ANo ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)		
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(Please go to at Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 11 . 1 (. 0 8

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY	_	
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		INTICANT
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γ_I	☐ Support	☐ Wish to speak
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	I Meither Orbhort Mot Obbose	questions
	Support Support	☐ Wish to speak
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CAT.	Support	☐ Do not wish to speak
Amendment No	Oppose	Available to answer
	☐ Neither Support Nor Oppose	questions
	Support	Wish to speak
Amendment No.	Oppose	Do not wish to speak
	Neither Support Nor Oppose	☐ Available to answer
	- Start	questions
	☐ Support	☐ Wish to speak
Amendment No.	Oppose	☐ Do not wish to speak ☐ Available to answer
	□ Neither Support Nor Oppose	guestions
		☐ Wish to speak
A	Support	☐ Do not wish to speak
Amendment No.	Oppose Neither Support Nor Oppose	Available to answer
		questions

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)				
Name	, addre	ss and telephone number of each pe	erson or organization	you are representing:
		·		
Are yo	ou beinç	paid for your representation?	-	☐ Yes ☐ No
(If you				rganization? Tyes Vo orm. If you answered "yes," go on to
Are y munic	ou an o	elected official or employee who is rother governmental body?	s appearing solely o	n behalf of your office or for your ☐ Yes ☐Ŵo
		ered "yes" to the question, STOP. ' this form. If you answered "no" to t		te the rest of this form, except that the next question.)
-	are bei	ng paid for your representation, or	f your appearance is	part of other paid duties, please be
	1	Before you engage in lobbying a authorization with the City Clerk.	s a lobbyist, you or	your principal must file an
	2	Your principal is not permitted to with the City Clerk.	authorize you to lobb	y unless you are registered
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?				
		the City Clerk's website <u>www.cityo</u> of the City-County Building, Madiso		ndex.html or go to the Clerk's Office
Date		Signature Print Name	PATH	752N H S 2N

Date: /////68

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Michael Bridge	Emilin Address: /O	6 S Franklin St
J	M	odison W1 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. <u>26</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No. <u>23</u>	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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: \(\subseteq \) Yes \(\subseteq \) No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)					
Nam	e, addre	ess and telephone numb	per of each pe	rson or organization	n you are representing:
		-	· 		
		,			
Are y	ou bein	g paid for your represer	ntation?		☐ Yes ☒ No
(If yo		ered "no," STOP; you n			organization?
		elected official or emp or other governmental b		appearing solely	on behalf of your office or for your ☐ Yes No
(If yo you n	u answ nust sig	ered "yes" to the quest n this form. If you answ	tion, STOP. Y ered "no" to th	ou need not complete question, go on to	ete the rest of this form, except that to the next question)
lf you advis	ı are be ed that:	ing paid for your repres	sentation, or it	your appearance i	s part of other paid duties, please be
	1	Before you engage i authorization with the		s a lobbyist, you c	r your principal must file an
	2.	Your principal is not with the City Clerk.	permitted to a	authorize you to lob	by unless you are registered
	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 websi of the City-County Buil			index.html or go to the Clerk's Office on.)
Date	Date ///1/08 Signature Michaelk Brogen				
	,	,	Print Name	Michael K	Bridgemen

Date: // // 08

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY		
Name: Topies forto	Address: (39 Pauline Aue (adisor, ais 53705
		10d190N, ail 53705
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 22	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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 (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)					
Name	Name, address and telephone number of each person or organization you are representing:				
Are y	ou beir	ng paid for your representation?			
(If yo		earing as part of your other paid duties for this person or organization? Yes No vered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)			
	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
		vered "yes" to the question, STOP . You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)			
	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be			
	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 3 of the City-County Building, Madison, for more information.)			
Date	wax =	Signature			
		Print Name			

Date: 1 / 11/05

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: ARON CRANDA	Address: //)	& PROUDETT ST
- I WEDIN CHANGE	<u>~~</u> M#	ANIKON 53715
ENTER AMENDMENT NUMBER		
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No27	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ 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 whom you represent and go on to the next question.)					
Name	Name, address and telephone number of each person or organization you are representing:				
			_		
			_		
Are y	ou bei	ng paid for your representation?			
(If you	u ansv	pearing as part of your other paid duties for this person or organization? Yes Novered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on estion.)			
		elected official or employee who is appearing solely on behalf of your office or for your office or your office or for your office or yo	ur		
		wered "yes" to the question, STOP . You need not complete the rest of this form, except the gn this form. If you answered "no" to the question, go on to the next question.)	at		
	are bed tha	eing paid for your representation, or if your appearance is part of other paid duties, please t	e		
	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 3 of the City-County Building, Madison, for more information)	e		
Date		Signature			
		Print Name			

Date:	11/11/08	

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

Name: MILHIGE J	Address:	the Person G
Traine. JATILAINEC V	7,000	MADISON 4! 58704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No	✓ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No		☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No6	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No. <u>8</u>	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☒ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support☑ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☑ Do not wish to speak ☐ Available to answer

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 whom you represent and go on to the next question.)				
Name, ad	ress and telephone number of each person or organization you are representing:			
				
Are you be	ing paid for your representation?			
Are you ar (If you and the next q	pearing as part of your other paid duties for this person or organization? Yes No wered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)			
Are you a municipali	n elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?			
(If you and you must :	wered "yes" to the question, STOP. You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)			
If you are advised th	eing paid for your representation, or if your appearance is part of other paid duties, please be t:			
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 at Room 1	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

Date: 11/11/08

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Name:	7774 Address: _2[2	> N Sh St
	Nac	15m 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	SupportOpposeNeither Support Nor Oppose	
Amendment No. <u>じ</u>	SupportOpposeNeither Support Nor Oppose	
Amendment No 14	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ 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 whom you represent and go on to the next question.)					
Name, ad	dress and telephone number of each person or organization you are representing:				
Are you be	eing paid for your representation?				
	opearing as part of your other paid duties for this person or organization? Yes No swered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to uestion.)				
	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	swered "yes" to the question, STOP . You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)				
If you are advised th	being paid for your representation, or if your appearance is part of other paid duties, please be at:				
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 to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				

Date: 11/11/07

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: MARCHRET BERGE	MANI Address: 45	4 N Few
	CHECK ONE BOX IN THIS COLU	dsor w
Amendment No. 26	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u> [</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 24	Support Oppose Neither Support Nor Oppose	
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No/᠘	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. <u>13</u>	Support Oppose Neither Support Nor Oppose	Wish to speakDo not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP ; you need not complete the rest of this form If you answered "yes;" provide the name of whom you represent and go on to the next question.)				
Name, addr	ress and telephone number of each person or organiza	ation you are representing:		
		·		
Are you bei	ng paid for your representation?	☐ Yes │ No		
	pearing as part of your other paid duties for this person vered "no," STOP; you need not complete the rest of t pestion.)			
Are you an municipality	elected official or employee who is appearing sole or other governmental body?	ely on behalf of your office or for your Yes No		
	vered "yes" to the question, STOP. You need not co gn this form. If you answered "no" to the question, go o	•		
If you are be advised that	eing paid for your representation, or if your appearand t:	ce is part of other paid duties, please be		
1.	Before you engage in lobbying as a lobbyist, yo authorization with the City Clerk	ou or your principal must file an		
2.,	Your principal is not permitted to authorize you to with the City Clerk.	lobby unless you are registered		
3.	If your principal spends or will owe more than \$1, reporting period (half year), the principal must file of Clerk for the remainder of the calendar year?			
	to the City Clerk's website <u>www.cityofmadison.com/cl</u> e 3 of the City-County Building, Madison, for more inforr			
Date	Signature			
	Print Name			

Date:	71	$/\alpha$	108	

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: MAR-1 BERRIMAN AGARD Address: 133 8. BRITTINGHAM PL					
MAK! DENINING					
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN				
Amendment No. 24	☐ Support☑ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak✓ Available to answer questions			
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions			
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions			
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions			
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions			
Amendment No.	Support Oppose Neither Support Nor Oppose				

(If yo	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 whom you represent and go on to the next question.)						
Nam	Name, address and telephone number of each person or organization you are representing:						
Are y	ou bei	ng paid for your represe	ntation?			☐ Yes 💆	No
(If yo	u ansv	pearing as part of your o vered "no," STOP; you r estion.)					☑ No es," go on to
_	_	elected official or em		s appearin	g solely on beha	<u> </u>	or for your No
		wered "yes" to the ques gn this form. If you answ					except that
lf you advis	u are b sed tha	eing paid for your repre t:	sentation, or i	f your appe	earance is part o	f other paid duties	, please be
	1.	Before you engage authorization with the		s a lobbyi	st, you or your	principal must file	e an
	2.	Your principal is not with the City Clerk	permitted to	authorize y	ou to lobby unle	ess you are regist	ered
	3.	If your principal sper reporting period (half Clerk for the remaind	year), the pri	ncipal mus			
		to the City Clerk's webs 3 of the City-County Bui				tml or go to the C	'erk's Office
Date	<u> </u>	108	Signature	Menso	mynea Ca	N AGAR)	
			Print Name	MART	BERRIMA	N AGAR)	•)

Date: 11/11/08

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY		7: 1 emm
Name: Jose J.	Yadress:	6901 Old Dank of
		6901 Old Sauk Ct Masion W1 53717
ENTER AMENDMENT NUMBER		LUMN & ONE BOX IN THIS COLUMN
Amendment No. 26	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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 (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)						
Name	e, addre	ess and telephone number of each person or organization you are representing:				
	<u>-</u>					
Are y	ou bein	ng paid for your representation?				
(If you		earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)				
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?				
• •		vered "yes" to the question, STOP . You need not complete the rest of this form, except that an				
	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be				
	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/clexk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.				
Date		/// US Signature				
		Print Name				

Date:	_) ,	-	11-0	28	_
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CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: JOHN NICHOLAS	SCHWEITZERAddress: 47	13 REGENT ST.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	1
Amendment No. 26	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you a	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 whom you represent and go on to the next question.)						
Name, a	addres	ss and telephone nu	ımber of each per	son or orga	nization you are	e representing:	
Are you	being	paid for your repre	sentation?			☐ Yes ☐ I	No
	nswe	aring as part of you red "no," STOP; yo tion.)					∏ No ," go on to
		elected official or e r other government		appearing	solely on beha	alf of your office o	•
		ered "yes" to the qu on this form. If you ar	•		•	•	except that
lf you ai advised		ng paid for your rep	presentation, or if	your appea	rance is part of	other paid duties,	please be
1	e e	Before you engage authorization with the		a lobbyist,	you or your (principal must file	an
2	2 ,	Your principal is n with the City Clerk.		uthorize you	ı to lobby unle	ss you are registe	red
3	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?						
		the City Clerk's we of the City-County I				<u>ml</u> or go to the Cle	rk's Office
Date	11-	1)-02	Signature			Saude 177	

Date: Nov 1/2008

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: (ent Hubbison)	Address: 1/2/	Rutledac St
	Madis	on WI 5323
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 26	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If yo	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 whom you represent and go on to the next question.)						
Name	e, addre	ess and telephone numb	er of each per	son or organizat	ion you are r	epresenting:	
		<u>-</u>					
		<u> </u>			· ·		
Are y	ou bein	g paid for your represen	tation?			☐ Yes 🔀	 } No
(If you	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.)						_
		elected official or emp or other governmental b		appearing solel	y on behalf	of your office ☐ Yes	
		ered "yes" to the quest n this form. If you answ	•				except that
	are be	ing paid for your repres	entation, or if	your appearance	e is part of o	ther paid dutie	s, please be
	1.	Before you engage in authorization with the		a lobbyist, you	ı or your pri	ncipal must fi	le an
	2.	Your principal is not p	permitted to a	uthorize you to	lobby unless	you are regis	tered
	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 websi of the City-County Buil				or go to the C	lerk's Office
Date	_4	lov 11/2008	Signature				
		1	Print Name	Kent Ho	topison		

Date: 11/11/08

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: MATIGARY BE	V.	
	Mas	oison W/
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	VIN & ONE BOX IN THIS COLUMN
Amendment No. 2	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. 64	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	Support Oppose Neither Support Nor-Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)						
Name, ad	ddress and telephone number of each person or organization you are representing:					
- 110						
Are you h	peing paid for your representation?					
(If you ar	appearing as part of your other paid duties for this person or organization? \square Yes \square No aswered "no," STOP ; you need not complete the rest of this form. If you answered "yes," $g\phi$ on to question.)					
	an elected official or employee who is appearing solely on behalf of your office or for your lity or other governmental body?					
	nswered "yes" to the question, STOP . You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)					
If you are advised t	e being paid for your representation, or if your appearance is part of other paid duties, please be hat:					
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	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 to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 103 of the City-County Building, Madison, for more information.)					
Datei	Signature MM					

Date: 1/1/08

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY	_	
Name: <u>edell Zelle</u>	カカ Address: 510	N Carroll St
	CHECK ONE BOX IN THIS COLUM	
Amendment No. 23	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	√ Wish to speak
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you	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 whom you represent and go on to the next question.)						
Name,	Name, address and telephone number of each person or organization you are representing:						
<u></u>							
Are you	ı beinç	paid for your representation?	☐ Yes ☐ No				
Are you (If you a the nex	answe	aring as part of your other paid duties for this person or organizated "no," STOP ; you need not complete the rest of this form. If tion.)	ation?				
Are you municip	u an o	elected official or employee who is appearing solely on behar other governmental body?	alf of your office or for your				
		ered "yes" to the question, STOP. You need not complete the this form. If you answered "no" to the question, go on to the ne					
lf you a advised	re bei I that:	ng paid for your representation, or if your appearance is part of	other paid duties, please be				
1	1	Before you engage in lobbying as a lobbyist, you or your authorization with the City Clerk.	principal must file an				
2	2.	Your principal is not permitted to authorize you to lobby unle with the City Clerk.	ss you are registered				
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?						
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.ht</u> of the City-County Building, Madison, for more information.)	ml or go to the Clerk's Office				
Date	• · · · · · · · · · · · · · · · · · · ·	Signature					
		Print Name					

Date: 1/Nov 2008

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

Name: Michael Bas	Address: 2/3	37 Sommers Ave
	Ma	1000 WI 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUN	
Amendment No.	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 🕖	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.2/	Support Oppose Neither Support Nor Oppose	✓ 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: \square Yes \square No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)						
Name, add	dress and telephone number of e	ach person or organization yo	ou are representing:			
	· · · · · · · · · · · · · · · · · · ·					
			·			
Are you be	eing paid for your representation?	?	☐ Yes ☐ No			
	· · · · · · · · · · · · · · · · · · ·		ganization?			
	in elected official or employee ty or other governmental body?	who is appearing solely on	behalf of your office or for your ☐ Yes ☐ No			
	swered "yes" to the question, Sisign this form. If you answered "r		e the rest of this form, except that he next question.)			
lf you are advised th		on, or if your appearance is p	art of other paid duties, please be			
1.	Before you engage in lobb authorization with the City Cl		your principal must file an			
2.	Your principal is not permitt with the City Clerk	ed to authorize you to lobby	unless you are registered			
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 to the City Clerk's website <u>www</u> 03 of the City-County Building, N		lex.html or go to the Clerk's Office			
Date	Signa	ature				
	Print	Name				

Date:	11-1	 0	<u>~</u>

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY		
Name: Scott B. TH	ORNTW Address: 110	4 JENIFER ST
	CHECK ONE BOX IN THIS COLUM	
Amendment No\S	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No. 2 (a	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☒ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ 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 whom you represent and go on to the next question.)					
Name, addre	ess and telephone number of each person or organization you are representing:				
Represe	enting MARQUETTE NEIGHBORHOOD ASSOC ON # 18 ONLY				
Are you bein	g paid for your representation?				
	earing as part of your other paid duties for this person or organization?				
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?				
	rered "yes" to the question, STOP. You need not complete the rest of this form, except that in this form. If you answered "no" to the question, go on to the next question.)				
If you are be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be				
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 at Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				

Date: 11 12 09

CITY OF MADISON Registration Statement - Common Council

2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: PATRICK HASTON	Address: 180	ol weirose St.
		53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI	
Amendment No.	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer

At this meeting are you representing an organization or a person other than yourself: Yes \sum No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)					
Name \\\\\	addre		umber of each perso	n or organization you a	are representing:
	_				
Are yo	ou being	paid for your repre	esentation?		☐ Yes No
(If you		red "no," STOP; yo		or this person or organi the rest of this form.	zation?
-		elected official or e or other governmen		opearing solely on be	half of your office or for your
		-	•	need not complete th question, go on to the r	e rest of this form, except that ext question.)
	are bei ed that:	ng paid for your re	presentation, or if yo	ur appearance is part	of other paid duties, please be
	1.	Before you engage authorization with		lobbyist, you or you	principal must file an
	2	Your principal is r with the City Clerk	•	norize you to lobby un	less you are registered
	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?				
				dison.com/clerk/index. or more information.)	html or go to the Clerk's Office
Date	11/1	2/08	Signature <u>c</u>	*A	
	1	1	Print Name	DATRICK HA	SRIANT

Date: 11/1/08

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: TM WONG	Address: ↓6	(JACKSON
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	DISON WI 53709 IN & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No. 12	☒ Support☐ Oppose☐ Neither Support Nor Oppose	☒ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	□ Support □ Oppose □ Neither Support Nor Oppose	➢ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If yo	ou ansv	eting are you representing an organization or a person of wered "no," STOP; you need not complete the rest of to of whom you represent and go on to the next question)	
Nam	e, addı	lress and telephone number of each person or organiza	tion you are representing:
			
			·
Are y	ou bei	ing paid for your representation?	☐ Yes ☐ No
(If yo	ou ansv	pearing as part of your other paid duties for this person wered "no," STOP; you need not complete the rest of the lestion ()	
-	-	n elected official or employee who is appearing sole y or other governmental body?	ly on behalf of your office or for your Yes No
-		ewered "yes" to the question, STOP . You need not coning this form. If you answered "no" to the question, go o	•
	u are b sed tha	peing paid for your representation, or if your appearanc at:	e is part of other paid duties, please be
	1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	u or your principal must file an
	2	Your principal is not permitted to authorize you to with the City Clerk.	lobby unless you are registered
	3.	If your principal spends or will owe more than \$1, reporting period (half year), the principal must file elected for the remainder of the calendar year?	
		to the City Clerk's website <u>www.cityofmadison.com/cle</u> 03 of the City-County Building, Madison, for more inform	
Date		Signature	
		Print Name	

Date:	11/11/08

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Susan De Vos	<u>5</u> Address: <u>610</u>	N. Midvale Blvd.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	◯ Wish to speak◯ Do not wish to speak◯ Available to answer questions
Amendment No. 12	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 13	⊠ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer

(If you an	eting are you representing an organization or a person other than yourself: Yes Nowered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide of whom you represent and go on to the next question.)				
Name, ad	lress and telephone number of each person or organization you are representing:				
Are you b	ing paid for your representation?				
	pearing as part of your other paid duties for this person or organization? ☐ Yes ☐ No wered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to restion.)				
	n elected official or employee who is appearing solely on behalf of your office or for your your or other governmental body?				
	swered "yes" to the question, STOP You need not complete the rest of this form, except that ign this form. If you answered "no" to the question, go on to the next question.)				
If you are advised th	peing paid for your representation, or if your appearance is part of other paid duties, please be at:				
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 g at Room	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				

Date: 11/11/2008

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name:	Address: 153	35 Williamson #2
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	MN & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No\Z	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 12	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer

At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of whom you represent and go on to the next question.)				
Name, a	addre	ss and telephone number of each person or organization	you are representing:	
Are you	being	g paid for your representation?	☐ Yes ☐ No	
	nswe	earing as part of your other paid duties for this person or eared "no," STOP ; you need not complete the rest of this astion.)		
	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 compl on this form. If you answered "no" to the question, go on to		
lf you ar advised		ing paid for your representation, or if your appearance is	s part of other paid duties, please be	
1	ii	Before you engage in lobbying as a lobbyist, you o authorization with the City Clerk.	r your principal must file an	
2	<u>.</u>	Your principal is not permitted to authorize you to lob with the City Clerk.	by unless you are registered	
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/</u> of the City-County Building, Madison, for more information		
Date		Signature		
		Print Name		

Date:		
	 ,	

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Kaven Cross	456 Address: 456	9 Sidney SV John 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No	☐ Support☒ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer

(If yo	u ansv	ting are you representing an organization or a person other vered "no," STOP; you need not complete the rest of this i f whom you represent and go on to the next question.)	
Name	e, addr	ess and telephone number of each person or organization	you are representing:
		· · · · · · · · · · · · · · · · · · ·	
Are y	ou bei	ng paid for your representation?	☐ Yes ☐ No
(If yo	u ansv	pearing as part of your other paid duties for this person or of vered "no," STOP ; you need not complete the rest of this festion.)	
		elected official or employee who is appearing solely or other governmental body?	on behalf of your office or for your
		vered "yes" to the question, STOP. You need not comple gn this form. If you answered "no" to the question, go on to	
	are be	eing paid for your representation, or if your appearance is t:	part of other paid duties, please be
	1.	Before you engage in lobbying as a lobbyist, you or authorization with the City Clerk.	your principal must file an
	2	Your principal is not permitted to authorize you to lobl with the City Clerk.	by unless you are registered
	3.	If your principal spends or will owe more than \$1,000 reporting period (half year), the principal must file expe Clerk for the remainder of the calendar year?	, ,
		to the City Clerk's website <u>www.cityofmadison.com/clerk/ii</u> 3 of the City-County Building, Madison, for more informatio	
Date		Signature	
		Print Name	

Date:	-	10	<u>8</u> _

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Margaret 1	VC/IS Address: 11	5 North Orchard
'		ladism WII 53715
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	IN & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answ	vered "no," STOI	esenting an organization or P; you need not complete to esent and go on to the next	he rest of this form. If y	ourself: Yes X No you answered "yes," provide
Name, addr	ess and telephor	ne number of each person	or organization you are	representing:
	÷			
Are you bei	ng paid for your r	epresentation?		☐ Yes 💢 No
Are you app (If you answ the next que	vered "no," STOF	your other paid duties for the specific	this person or organizathe rest of this form. If y	tion?
Are you an municipality	elected official or other govern	or employee who is appenental body?	earing solely on behal	f of your office or for your ☐ Yes ☐ No
		e question, STOP. You ne ou answered "no" to the que		est of this form, except that t question.)
If you are be advised that		r representation, or if your	appearance is part of	other paid duties, please be
1.		ngage in lobbying as a lovith the City Clerk	obbyist, you or your p	rincipal must file an
2.	Your principal with the City C	is not permitted to author lerk	rize you to lobby unles	s you are registered
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?			
•	•	's website <u>www.cityofmadis</u> Inty Building, Madison, for i		nl or go to the Clerk's Office
Date	1-11-08	Signature	Margaret	Jullis et J. Nellis
		Print Name	Margan	4J. Nellis

CITY OF MADISON Registration Statement - Common Council

2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: MARIANNE MO	Address:	10 Schiller Ct.
ENTER AMENDMENT NUMBER	M	MN & ONE BOX IN THIS COLUMN
Amendment No. 27	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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At this meeting are you representing an organization or a person other than yourself; Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Name, address and telephone number of each person or organization you are representing:				
	1501 Williamson Street			
	Malisn W/ 53703			
Are you being	paid for your representation?			
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.)				
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(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			
	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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date//_	11/08 Signature Managure Morton Print Name MARIANNE MORTON			

Date: 11/12/08

CITY OF MADISON Registration Statement - Common Council 2009 CAPITAL BUDGET

PLEASE PRINT CLEARLY	,	-1
Name: Kristin Hoffsch	Amount Address: 52	a Elmside RIVI
THOILE IN II DOM	11	9 Elmside Blyd. Lison WI 53704
	Mad	lison WI 53704
		•
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
•	•	•
		Wish to speak
2/2	Support	Do not wish to speek
Amendment No. 26	Oppose Do not remove funding.	Available to answer
	Neither Support Nor Oppose	questions
	Support	Ü Wish to speak
Amendment No	Oppose	Do not wish to speak
Amendment No.	☐ Neither Support Nor Oppose	Available to answer
	Inemier orbhorr nor obbose	questions
	Support	☐ Wish to speak
Amendment No	Oppose	Do not wish to speak
	Neither Support Nor Oppose	Available to answer
		questions
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Amendment No	Oppose	Do not wish to speak
	Neither Support Nor Oppose	Available to answer
		questions Wish to speak
	☐ Support	
Amendment No	Oppose	Available to answer
	□ Neither Support Nor Oppose	guestions
		Wish to speak
	Support	Do not wish to speak
Amendment No	Oppose	Available to answer
	☐ Neither Support Nor Oppose	questions
		☐ Wish to speak
Amendment No.	Support	Do not wish to speak
Amendment No	Oppose Neither Support Nor Oppose	Available to answer
	☐ Neither Support Nor Oppose	questions

(If you ans	ting are you representing an organization or a person other than yourself: Yes No wered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide f whom you represent and go on to the next question)				
Name, ad	Name, address and telephone number of each person or organization you are representing:				
Are you be	ng paid for your representation?				
	pearing as part of your other paid duties for this person or organization?				
	elected official or employee who is appearing solely on behalf of your office or for you or other governmental body?				
. •	wered "yes" to the question, STOP. You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)				
If you are advised th	eing paid for your representation, or if your appearance is part of other paid duties, please be				
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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 3 of the City-County Building, Madison, for more information)				
Date	Signature				
	Print Name				