Date: 1-20-09

Registration Statemen	it - Common Council
Place Print	
Please Print	PLEASE PRINT CLEARLY
	Name Geof Foster
Agenda No. 3	- Address 8247 Starr Grass Dr.
ID# 12300	- Address 8247 Starr Grass Dr. madison, WI. 53719
Please check the appropriate boxes:	
Support Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
	pose
At this meeting are you representing an	organization or a person other than yourself: Yes No
(If you answered "no," STOP; you nee	d not complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the n	ext question)
Name, address and telephone number of	f each person or organization you are representing:
	아니라 이렇게 하는 바로 가는 사람들은 사람들이 되었다.
	
Are you being paid for your representat	ion? Yes No
Are you appearing as part of your other	paid duties for this person or organization?
	d not complete the rest of this form. If you answered "yes," go on to the next
question)	
Speaking Limits: Public Hearing (Common Council) 5 minutes
Information Hea	ring
Other Items	minutes

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 1/20/09

Registration Statement	Common Council COMMITTEE
Please Print	도 하는 사람들은 사람들이 모르는 것이 되었다. 그는 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들이 되었다.
	PLEASE PRINT NAME CLEARLY
Agenda No. <u>3</u> → 123,00	Name LAND FICE Address W.C. DEVELOPMENT 8133 MANSION HILL
Please check the appropriate box:	Please check the appropriate box:
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 organ (If you answered "no," STOP; you need not of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No t complete the rest of this form If you answered "yes," go on to the next
	nmon Council) 5 minutes 3 minutes 3 minutes

Are you an other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(If you answ this form If	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 12009

Registration	on Statement	Common Council
Please Print		
<u>Flease Fillit</u>		PLEASE PRINT NAME CLEARLY
		Name Bill White
Agenda No.		Address 2708 Lakeland Hol
1D# 1:	2360	Mados
Please check the appr	opriate box:	Please check the appropriate box:
Support		Wish to speak
Oppose		AND Do not wish to speak Available to answer questions
☐ Neither Sup	pport Nor Oppose	
	' STOP; you need not	anization or a person other than yourself: Yes No st complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and tele	Barada ng Miladi in	th person or organization you are representing: ₹ ∠ot 87 ⊥⊥ ⊂
Are you being paid for	your representation?	☐ Yes ☐ No
		d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes

	elected official or emp nmental body?	oyee who is appearing solely on behalf of your office or	for your municipality or Yes Avo
		tion, STOP. You need not complete the rest of this form, the question, go on to the next question)	except that you must sign
If you are that:	being paid for your rep	resentation, or if your appearance is part of other paid	duties, please be advised
1.	Before you engage with the City Clerk	in lobbying as a lobbyist, you or your principal must file	an authorization
2	Your principal is r City Clerk	ot permitted to authorize you to lobby unless you are re	gistered with the
3.		ends or will owe more than \$1,000 for lobbying services the principal must file expense statements with the C lendar year?	
		vebsite <u>www.cityofmadison.com/clerk/index.html</u> or go i ling, Madison, for more information.)	to the Clerk's Office at
Date	[20 09	Signature William	
		Print Name Un F Whole	

			Date:	
		CITY OF MA	DISON	
Registrat	ion Statement -	Common (Council	
Please Print		PLEAS	E PRINT NAME CLEARLY	
			Bran HONG	
Agenda No.	2	Name	700 TO 100)	0-7
		Address	289 DEWEY	
	123∞		MUDICATION IN	53562
Please check the ap	propriate box:		Please check the approp	oriate box:
Support			☐ Wish to speak	
Oppose		AND	☐ Do not wish to speak☐ Available to answer of	
Neither Si	upport Nor Oppos	e	Available to allswel t	Įuestions –
(If you answered "no of who you represent	t and go on to the next o	t complete the res question)	on other than yourself: Yest of this form. If you answered "yestization you are representing:	
Are you being paid f	or your representation?		☐ Ye	es No
	s part of your other paid o," STOP; you need no		rson or organization?	_
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items		3 minutes	

Are you an e other govern	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(If you answe this form If y	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go i Room 103 of	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	
Date	Signature Print Name

Date: 1/2-0/09

Registrati	on Statement	Common C	Council_			
Please Print		PLEASI	E PRINT N	IAME CLEAR	LY	
		Name	Nad	nan Plu	mb	
Agenda No		Address	825	Starr	GYNSSI	\mathcal{N} .
1D# 12	300		Madi	Son WI	5371	19
Please check the app	ropriate box:		Ple	ease check the a	ppropriate l	oox:
Support Oppose Neither Su	pport Nor Oppos	AND]	Wish to speak Do not wish to Available to an		ns
(If you answered "no of who you represent	ou representing an orga," STOP; you need not and go on to the next questions of each of the next questions.	t complete the res uestion)	t of this forn	n. If you answer		☐ No ovide the name
	or your representation?	duties for this pe	rson or orga	nization?	☐ Yes ☐] No] No
	," STOP ; you need no					
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	респосторования принце в сезоровня	3 minutes			

Are you other go	an elevernn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you a this form	inswei n If yo	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you a that:	re bei	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
	1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2	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?
(Please Room 10	go to 03 of t	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name PHILLIP CARLLO
Agenda No.	Address 500 AUGULTA DR
D# 12300	WALLAKE, WI 53597
Please check the appropriate box:	Please check the appropriate box:
Support Oppose	AND 2 registrante in se Support not wishing to speak anization or a] No
Neither Support Nor Oppos	se Support not undure to seed
At this meeting are you representing an organism (If you answered "no," STOP; you need not of who you represent and go on to the next of t	ot complete the vide the name auestion)
Name, address and telephone number of each PRAIRIE LIKE COMP	not well a
Are you being paid for your representation?	? ☐ Yes ☐ No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question)	d duties for this person or organization? Yes No ot complete the rest of this form If you answered "yes," go on to the next
Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes

Are you as	n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or large years. The summental body?
(If you ans this form	swered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go Room 103	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information)
Date	Signature A22
	Print Name Situation (AK)

Date: 1-20-09

Registration Statement	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Richard Achelen Address 114 Navi 1.15 DR Modison, ut 53705
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak AND Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next quantity.	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
we Development	- Corp.
Are you being paid for your representation?	yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

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.
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)
1-20-05
Date Signature Print Name Richard Acceses

		Date:
	CITY OF MAI	DISON
Posiciration Statement		
Registration Statemen	t - Common C	
Please Print		
	PLEASE	PRINT NAME CLEARLY
	Name	Kevin Burke
Agenda No.		7849 WOOD Reed Pr
	- Address	
工2#12300		MADISON WI 53719
Please check the appropriate box:		Please check the appropriate box:
☐ Support		■ Wish to speak
◯ Oppose	AND	Do not wish to speak
Neither Support Nor Opp	pose	Available to answer questions
At this meeting are you representing an (If you answered "no," STOP; you need of who you represent and go on to the new Name, address and telephone number of	d not complete the rest ext question)	of this form. If you answered "yes," provide the name
Are you being paid for your representati	on?	☐ Yes XNo
Are you appearing as part of your other (If you answered "no," STOP; you need question)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Information Hea	Common Council)	3 minutes

Are you an other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
-	Print Name

Date: 1-20-09

Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name (allien Suhamu
Agenda No.	Address 7849 Wood Kold Dr.
ID#12300	Madson WI 53719
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	AND Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
Are you being paid for your representation?	☐ Yes 🔌 No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information)
Data	
Date	Signature Print Name