

Date: 5/17/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

00585

Agenda No. 98

PRINT NAME CLEARLY

Name JASON R. HELKENDORF

Address 4218 WARWICK WAY
MADISON, WI 53711

Please check the appropriate boxes:

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

- 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," go on to the next question.)

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

T.Q. DIAMONDS 7058 MINERAL POINT RD 833-4500

ADVERTISING IN MOTION

TIM QUEGLEY

Are you being paid for your representation? Yes No

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

Speaking Limits:

- Public Hearing 5 minutes
- Information Hearing 5 minutes
- Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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

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

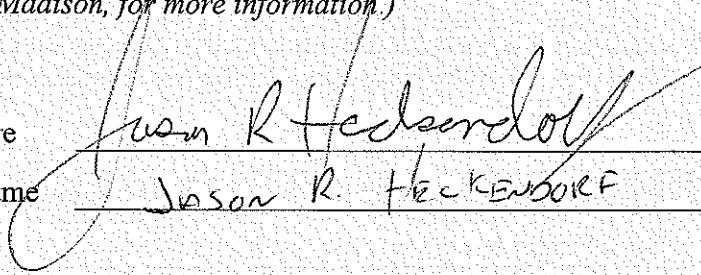
If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 5/17/05

Signature



Print Name

Jason R. Heckendorf

Date: _____

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PRINT NAME CLEARLY

00585

Agenda No. 98

Name Timothy E. Quigley

Address 7058 Mineral Pt Rd
Madison, WI 53717

Please check the appropriate boxes:

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

- 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," go on to the next question.)

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

T.Q. Diamonds / Advertising in Motion

7058 Mineral Point Rd

Madison, WI 53717

Are you being paid for your representation? Yes No

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

Speaking Limits: Public Hearing 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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

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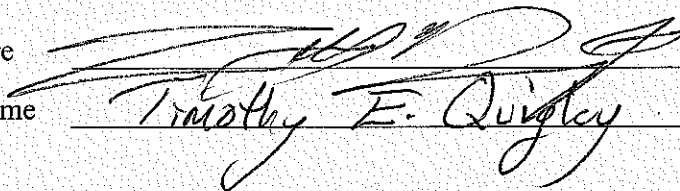
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Date _____

Signature

Print Name



Timothy F. Quigley

Date: _____

City of Madison Registration Statement - Common Council

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00585

PRINT NAME CLEARLY

Agenda No. <u>98</u>
<u>mobile bill boards</u>

Name Stephen Burns

Address 138 W. Gorham
Madison

Please check the appropriate boxes:

Support

Wish to speak

Do not wish to speak

Available to answer questions

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," go on to the next question.)

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Are you being paid for your representation? Yes No

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Speaking Limits:

Public Hearing.....	5 minutes
Information Hearing.....	5 minutes
Other Items.....	3 minutes

(See Back)

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Print Name _____

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PRINT NAME CLEARLY

Agenda No. 98

Name SATYA RHODES - CONWAY
Address 1918 E. MAIN ST #1
MADISON WI 53704

Please check the appropriate boxes:

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

- 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
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Other Items 3 minutes

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Signature _____

Print Name _____

Date: 5-17-05

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Please Print

PRINT NAME CLEARLY

00585

Agenda No. 98

Name

ROSEMARY LEE

Address

111 W WILSON ST #108
MADISON

Please check the appropriate boxes:



Support

Wish to speak

Do not wish to speak

Available to answer questions



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," go on to the next question.)

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 duties for this person or organization?

Yes

No

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Date _____

Signature _____

Print Name _____

Date: May 17, 2005

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00585

PRINT NAME CLEARLY

Agenda No. <u>98</u>

Name JUSTIN MOGT

Address 315 N. INGERSOLL ST.
MADISON WI 53703

Please check the appropriate boxes:

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

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

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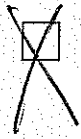
00585

Agenda No. <u>98</u>

Name Michelle Moode

Address 1429 E. Johnson St.
#3 Madison WI
53703

Please check the appropriate boxes:



Support

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



Oppose

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

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Signature _____

Print Name _____

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Agenda No. <u>98</u>

Name Susan Nossal
 Address 138 W. Gorham St.
Madison, WI 53703

Please check the appropriate boxes:

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

- Oppose**
- Wish to speak
 - Do not wish to speak
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