Date: 470.1 212009

CITY OF MADISON

Registration Statement	Common Council
Please Print	
	PLEASE PRINT CLEARLY
	Name Surv Huge
Agenda No.	Address 1818 Winches to
IN# (3.953	Address 1818 Winchester Warlam, WI 53707
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions
At this meeting are you representing an orga	nization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	
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	duties for this person or organization?
	t complete the rest of this form. If you answered "yes," go on to the next
question)	
	mon Council) 5 minutes
Information Hearing	3 minutes

REGISTRATION STATEMENT - PAGE 2

Are you an ele		solely on behalf of your office or for your municipality or Yes No
100	red "yes" to the question, STOP. You need to answered "no" to the question, go on to t	not complete the rest of this form, except that you must sign the next question)
If you are bein that:	ng 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 lobby with the City Clerk	ist, you or your principal must file an authorization
2.	Your principal is not permitted to authoric City Clerk.	ize you to lobby unless you are registered with the
3.		than \$1,000 for lobbying services in any reporting the expense statements with the City Clerk for the
	the City Clerk's website <u>www.cityofmad</u> he City-County Building, Madison, for more	lison.com/clerk/index.html or go to the Clerk's Office at e information)
Date	Signature	
	Print Name	

Date: 04-21-09

CITY OF MADISON

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name KESTER, DOLORES Address 1818 WINCHESTER ST
Agenda No. 35	Address 1818 WINCHESTER ST
	MADISON WI 33704-3457
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	Chauging and Wish to speak Of Grimm" Do not wish to speak Available to answer questions
At this meeting are you representing an orga	nization or a person other than yourself: Yes No t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	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 no question.)	I 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

REGISTRATION STATEMENT - PAGE 2

		ected official or employee who is appear lental body?	ing solely on beha	alf of your office o	or for your municipal ☐ Yes ☐ No	ity or
		red "yes" to the question, STOP. You need to unswered "no" to the question, go on			, except that you mus	t sign
If you that:	are bei	ng paid for your representation, or if your Before you engage in lobbying as a lob with the City Clerk. Your principal is not permitted to authority Clerk.	obyist, you or you	r principal must fi	le an authorization	vised
	3.	If your principal spends or will owe me period (half year), the principal must remainder of the calendar year?				
		the City Clerk's website <u>www.cityofm</u> he City-County Building, Madison, for m			to the Clerk's Offi	ce at
Date		Signature		,,		
		Print Name		*		

Date: 4-21-2009

CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name <u>Aun Waidelich</u>
Agenda No. 35	Address 2150 Takeland ave
	Madeson 53704
Please check the appropriate boxes:	
	and Wish to speak Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	uestion)
Name, address and telephone number of each	person or organization you are representing:
·	
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	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
question)	
	mon Council)5 minutes 3 minutes



REGISTRATION STATEMENT - PAGE 2

Date	Signature _	
	to the City Clerk's website <u>www.cityofma</u> f the City-County Building, Madison, for mo	dison.com/clerk/index.html or go to the Clerk's Office at re information)
		re than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
2.	Your principal is not permitted to autho City Clerk.	rize you to lobby unless you are registered with the
1.	Before you engage in lobbying as a lobb with the City Clerk	yist, you or your principal must file an authorization
If you are be that:	eing paid for your representation, or if you	r appearance is part of other paid duties, please be advised
	ered "yes" to the question, STOP. You need you answered "no" to the question, go on to	I not complete the rest of this form, except that you must sign the next question)
	elected official or employee who is appearing mental body?	g solely on behalf of your office or for your municipality or Yes No