	Date: $\frac{4-8-08}{}$
	ITY OF MADISON
Registration StatementC	Common Council OMMITTEE
Please Print Agenda No. 105 (64272	PLEASE PRINT CLEARLY Name JIM BOGAN Address 6711 WINDSOZ ZIDGEIN WIUDSOZ WI 53598
Please check the appropriate boxes: 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 organiza (If you answered "no," STOP; you need not con of who you represent and go on to the next quest	nplete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each pe	erson or organization you are representing:
UNIVERSITY OF WISCON	
27 N CHARTER S	
M4DISON 5371	
Are you being paid for your representation?	
Are you appearing as part of your other paid dut (If you answered "no," STOP; you need not conquestion.)	ies for this person or organization? Yes No mplete the rest of this form. If you answered "yes," go on to the next

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes

Speaking Limits:

Are you an e	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:	sing 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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.) Signature
	Print Name JAMES 130 GAN

		Date:
	CITY OF MADISON	
Registration Statement -	Common Council	
Please Print	PLEASE PRINT	NAME CLEARLY
Agenda No. 105	Name <u>Luc</u> Address <u>934</u>	4 Zwee 0-0zeeca Hwy 5toughton
Please check the appropriate box:	Plo	lease check t
Support Oppose Neither Support Nor Oppos	AND se	Wish to sport Do not wis Available t
At this meeting are you representing an orgalist (If you answered "no," STOP; you need not of who you represent and go on to the next to	ot complete the rest of this for	
Name, address and telephone number of each	ch person or organization you	are representing:
		·
Are you being paid for your representation?	9	Yes Yo
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)		ganization? Yes No rm If you answered "yes," go on to the next
	mmon Council) 5 minutes 3 minutes	

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
	ed "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 are being 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 lobbyist, you or your principal must file an authorization with the City Clerk
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` _	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date	Signature
	Print Name

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CITY OF MADISON

Registration Statement -	Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No. <u>(Q) 1.05</u>	Name Juan Juan Address 516 £ MAIN 57 5550 671700 W1 53587
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	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 telephone number of eac	ch person or organization you are representing:
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid (If you answered "no," STOP ; you need no question)	d duties for this person or organization? Yes No No ot complete the rest of this form. If you answered "yes," go on to the next
	mmon Council) 5 minutes 3 minutes

Are you an el other governr	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
The second secon	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 are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

•	Date:
	CITY OF MADISON
Registration Statement	- Common Council
ni ni	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
	Name TIM THOMPSON
Agenda No. 105	- Address 1203 E. MEMORIAC DR
	Address 1203 F. MEMORIAL DR JANESVILLE, WI
Please check the appropriate box:	Please check the appropriate box:
SupportOpposeNeither Support Nor Opp	AND Wish to speak Do not wish to speak Available to answer questions
U , 1	organization or a person other than yourself: Yes No not complete the rest of this form If you answered "yes," provide the name at question.)
Name, address and telephone number of	each person or organization you are representing:
Are you being paid for your representation	on? Yes No
	paid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
<u> </u>	Common Council) 5 minutes ing 3 minutes

Are you an el other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	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)
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,	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date	Signature
	Print Name

	Date:
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name Matt Schaefer Address 621 Vernon Ave Madison, WI 53714
Please check the appropriate boxes:	
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 orgar (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 (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
	mon Council)5 minutes 3 minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
		ed "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)
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•		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date _		Signature
		Print Name