

Date: 2/24/09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>5</u>
<u>13110</u>

Name STU LAPOE

Address 333 E. CHICAGO ST
MILWAUKEE WI 53202

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 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 who you represent and 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
(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 (Common Council)..... 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

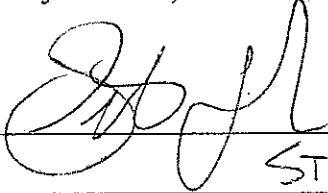
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2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 2/24/09

Signature 
Print Name STU LAROSS

Date: 2/24/09

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Agenda No. <u>5</u>
<u>13110</u>

Name Attorney Michael Christopher
 Address 2 E. Weyburn St
Madison, WI

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 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 who you represent and go on to the next question.)

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

Tom Dege - 238-1128

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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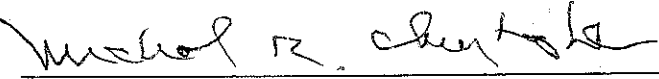
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Date 2/24/09

Signature 
Print Name Michael R. Christopher

Date: 4.24.09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 5
13110

Name Dale Streitberger -EUA
Address 4275 Wisconsin Ave

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 organization or a person other than yourself: Yes No
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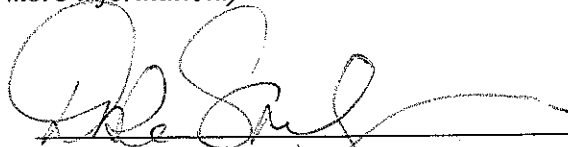
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Date 2-24-09

Signature



Print Name

Dale Streitberger

Date: 2/24/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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Agenda No. #5
13110

PLEASE PRINT CLEARLY

Name TOM Degen
Address 3518 Blackhawk Dr.
Madison WI

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

- and
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Date 2/24/09

Signature 
Print Name TOM DEGEN