ID# 13366

Date: 4/21/09

Registration Statemen	nt - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name CRROCE McGUIRE Address 502 GIZZUIZU DIC MANISON, OI
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Op	Wish to speak Do not wish to speak AND AND Available to answer questions
	organization or a person other than yourself: Yes No ed not complete the rest of this form. If you answered "yes," provide the name next question.)
Name, address and telephone number o	of each person or organization you are representing:
Are you being paid for your representat	tion?
Are you appearing as part of your other (If you answered "no," STOP; you need question)	r paid duties for this person or organization? Yes No ed not complete the rest of this form. If you answered "yes," go on to the next
Information He	(Common Council) 5 minutes aring 3 minutes 3 minutes

other governmental body?	
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you this form. If you answered "no" to the question, go on to the next question.)	must sign
If you are being paid for your representation, or if your appearance is part of other paid duties, please be that:	e advised
Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	on
Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	ne
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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Room 103 of the City-County Building, Madison, for more information.)	Office at
Date Signature Print Name	

Date:	4	-21	-09	<u>:</u>
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Registration Statement	COMMITTEE	<u>1CII</u>			
Please Print					
	PLEASE PRIN	T CLEARLY			
	Name J.	ack C	hvala		<u>.</u>
Agenda No. / U	Address 5				
	<u>\</u>	1adison	WI S	3704	
Please check the appropriate boxes:					
Support Oppose	and		o speak t wish to speak ble to answer		
Neither Support Nor Oppose			OIC to answer	4400110110	
At this meeting are you representing an organic (If you answered "no," STOP; you need not of	complete the rest of th	ner than yours	elf: [] Y u answered "y		те
of who you represent and go on to the next que		:			. •
Name, address and telephone number of each	person or organization	n you are repr	esenting:		
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Are you being paid for your representation?				es No	
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not of question)	uties for this person complete the rest of th	or organization or organization of the second of the second or or organization organizat	n? Y u answered ")		ext
Speaking Limits: Public Hearing (Comn Information Hearing Other Items		nutes			

		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 that:	are be	sing paid for your representation, or if your appearance is part of other paid duties, please be advised
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		to 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: $\frac{\sqrt{-2}-09}{}$

Negistration Statement	COMMITTEE	
Please Print	PLEASE PRINT NAME CLEARLY	
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	Name Lathy) Ustra	
Agenda No	Address 709 Élemmen	Dr
Please check the appropriate box:	Please check the appropriate l	box:
and the state of t		
☐ Support	Wish to speak	
Oppose	AND Do not wish to speak	
Neither Support Nor Oppos	Available to answer question	ns
of who you represent and go on to the next of Name, address and telephone number of each	t complete the rest of this form. If you answered "yes," pro] No ovide the name
Are you being paid for your representation?	☐ Yes ➤	☑ No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question)	d duties for this person or organization? Yes for complete the rest of this form If you answered "yes," go	☑No on to the next
Information Hearing	mmon 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 mental body? Yes No
	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:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fthe City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 4/2//09

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 10	Name Many M Conath Address 5224 Spaanem Cive Madison, W I
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 organ (If you answered "no," STOP; you need not of who you represent and go on to the next que. Name, address and telephone number of each	
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?
Information Hearing	amon Council) 5 minutes 3 minutes 3 minutes

Are you an eleother governm	ected official or employed ental body?	e who is appearing	solely on behalf	of your office	or for your mi	unicipality or No
	ed "yes" to the question, u answered "no" to the c				, except that y	ou must sign
If you are beinthat:	ng paid for your represen	ntation, or if your	appearance is pa	art of other paid	l duties, pleas	se be advised
1.	Before you engage in lowith the City Clerk	obbying as a lobby	ist, you or your p	orincipal must f	ile an authoriz	ation
2.	Your principal is not percentage of the City Clerk.	ermitted to author	ize you to lobby	unless you are	registered wit	th the
3.	If your principal spends period (half year), the remainder of the calend	principal must fil				
	the City Clerk's websi he City-County Building,			<u>ndex.html</u> or go	to the Cler	k's Office at
. :						
Date		Signature Print Name				

		Date: 42109
	CITY OF MADI	SON
Registration Statement -	Common Co	uncil
Please Print	PLEASE	PRINT NAME CLEARLY
Agenda No.	NameAddress	Lloyd Arndt 5417 Canden Pol
Please check the appropriate box:		Please check the appropriate box:
☐ Support ☑ Oppose ☐ Neither Support Nor Oppos	AND Se	✓ 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 no of who you represent and go on to the next of	ot complete the rest o	other than yourself: Yes Monor No f this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organiza	tion 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.)		on or organization?
Information Hearing	mmon Council) 5 3	minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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 b that:	eing 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 f the City-County Building, Madison, for more information.)
Date	Signature
	an sa mangang panggang dalam na manggang panggang panggang panggang panggang panggang panggang panggang pangga Print Name

Date: 4/21/09

Registration Statement	Common Council
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Please Print	
	PLEASE PRINT CLEARLY
	Name LOIS YEAROUS Address 818 WOODLAWN DRIVE
Agenda No. <u>10</u>	Address 818 WOODLAWN DRIVE
Please check the appropriate boxes:	
Support	and 🔀 Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ	ization 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 qu	estion)
Name, address and telephone number of each	person or organization you are representing:
<u> </u>	
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, SIOF; you need not question.)	complete the rest of this form. If you answered "yes," go on to the next
	mon Council)5 minutes 3 minutes
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		lected official or employee who is appearing solely on behalf of your office or for your munnertal body?	nicipality or No
		ered "yes" to the question, STOP. You need not complete the rest of this form, except that you answered "no" to the question, go on to the next question)	ou must sign
If you a that:	re beir	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 authoriza with the City Clerk	tion
2	2.,	Your principal is not permitted to authorize you to lobby unless you are registered with City Clerk.	the
3	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any report period (half year), the principal must file expense statements with the City Clerk for remainder of the calendar year?	
		o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk the City-County Building, Madison, for more information)	's Office at
Date		Signature	
		Print Name	

Date:	4-21	4	39	
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Registration Statement	Common C	Council
	COMMITTEE	
Please Print		PRINT CLEARLY
	Name	LOREN YEAROUS
Agenda No	Address	LOREN YEAROUS SIB WOODLAWN DR.
		MADISON, W.
Please check the appropriate boxes:		
Support Oppose		and Wish to speak Do not wish to speak Available to answer questions
Neither Support Nor Oppose		수 보고 구성하다면 하면 보고 보고수 되었습니다. 시간, 12, 12, 13, 13, 13, 13, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15
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 que. Name, address and telephone number of each	complete the resi estion)	t of this form. If you answered "yes," provide the name
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 pe complete the res	tson or organization? Yes No t of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items	*********************************	

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		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 that:	ı are beii	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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	.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?
		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: 21 APR '09

Registration Statement		uncil
	COMMITTEE	
Please Print	PLEASE F	PRINT NAME CLEARLY
	Name	JEROME LUNDRUST
Agenda No.	- Address	JEROME LUNDQUIST 5509 CAMDERY RD
		MADISON, WI
Plage shock the content to be		
Please check the appropriate box:		Please check the appropriate box:
Support	AND	Wish to speak Do not wish to speak
Oppose Noither Support Non Opp		Available to answer questions
☐ Neither Support Nor Opp	OSC	
At this meeting are you representing an o	rganization or a person	other than yourself: Yes No
(If you answered "no," STOP; you need of who you represent and go on to the ne		this form. If you answered "yes," provide the name
of mo you represent that go on to the he.	u question.)	
Name, address and telephone number of	each person or organizat	tion you are representing:
Are you being paid for your representation	\n 2	☐ Yes ☐ No
Are you being paid for your representant		
Are you appearing as part of your other p (If you answered "no," STOP; you need question)		n ot organization?
Speaking Limits: Public Hearing (C	Common Council)5 1	minutes
Information Hear	ing 3 i	ninutes
Other Items	3 :	ninutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
	vered "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
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	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
	still national transfer in the Print Name of the

Date: 4-21-09

Registration Statement	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 10	Name Steve Mongal Address 5612 \$ 5613 Bryn Tee
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," STOP ; you need not of who you represent and go on to the next q	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the namuestion) n person or organization you are representing:
Are you being paid for your representation?	☐ Yes ÊNo
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 nex
Information Hearing	mon Council)5 minutes

		lected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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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	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	4-	21-09 Signature Steve Manage

				Date:	1.07
		CITY OF MAI	DISON		
Registrat	ion Statement -	Common C	ouncil		
		COMMITTEE			
Please Print		PLEASE	PRINT NAME CLE	ARLY	
		Name	JAMES GR.	9NN	
Agenda No.		Address	5313 Comde	en Rd	
			madiŝon, u	The first control of the first	'/6
Please check the ap	propriate box:		Please check t	he appropriat	e box:
☐ Support			Wish to spe		
Oppose		AND	Do not wish		
7	apport Nor Oppos	e og a filmilik	Available t	o answer quest	ions
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Are you being paid for	or your representation?			☐ Yes	□No
	s part of your other paid po," STOP; you need no		son or organization? of this form If you ans	Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	3 minutes		

Are you an elected official or employee who is appearing solely on behalf other governmental body?	of your office or for your municipality or Yes No
(If you answered "yes" to the question, STOP. You need not complete the 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 pathat:	art of other paid duties, please be advised
Before you engage in lobbying as a lobbyist, you or your p with the City Clerk	orincipal must file an authorization
2 Your principal is not permitted to authorize you to lobby to City Clerk.	unless you are registered with the
If your principal spends or will owe more than \$1,000 for period (half year), the principal must file expense statem remainder of the calendar year?	
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/in</u> Room 103 of the City-County Building, Madison, for more information)	n <u>dex.html</u> or go to the Clerk's Office at
Date Signature	
Print Name	

	Date: $\frac{4/21/09}{}$
	CITY OF MADISON
Registration Statement -	Common Council
Please Print	
	PLEASE PRINT CLEARLY
Agenda No.	Name NUCCIZZO
Agenda No.	Address 1204 Downe TRAY MADISON, W. 53716
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 orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	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

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

Yes

Are you appearing as part of your other paid duties for this person or organization?

Public Hearing (Common Council)..... 5 minutes

question)

Speaking Limits:

•		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question)
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(Please Room 10	go to 03 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information)
Date		Signature
		Print Name

			Date: 4-	21-09
	CITY OF MA	DISON		
Registration State	nent - Common (Council		
Please Print Agenda No.	PLEAS Name Address	43, 14, 16, 17, 14, 15, 17, <u>17, 1</u> , 13, 17, 1	hlund	
Please check the appropriate bo		Please check t	he appropriate	e box:
☐ Support☑ Oppose☐ Neither Support No.	AND Oppose	Wish to spo □ Do not wis □ Available t		ions
At this meeting are you representing (If you answered "no," STOP; yo of who you represent and go on to	u need not complete the res			No No rovide the name
Name, address and telephone num	ber of each person or organ	iization you are represen	ting:	
Are you being paid for your repres	sentation?		☐ Yes	□No
Are you appearing as part of your (If you answered "no," STOP; yo question.)			☐ Yes swered "yes," g	□ No go on to the next
Informatio	aring (Common Council) n Hearing	. 3 minutes		

	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 t that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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
	os en la cominación de la latinación de la latinación de la cominación de la cominación de la cominación de la Cominación de la latinación de Print Name de la latinación de la latinación de la latinación de la latinación

	CITY OF MADISON
Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
	Name PAUL H KUSURA
Agenda No. <u>/ O</u> 13366	Name PAUL H KUSUOA Address ZOO TOMPKINS DR MADISON 53716
13366	MADISON 53716
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 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 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 yo	ou an ele governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If yoı this fo	ı answer rm. If yo	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 that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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?
(Pleas Room	se go to 103 of t	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: <u>07/21/09</u>

Registration Statem	ent - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 10	Name <u>DAVID NIEMANN</u> Address <u>5220 MAHER AV</u> MAOISON, WI 53716
Please check the appropriate box	Please check the appropriate box:
SupportOpposeNeither Support Nor	AND Wish to speak Do not wish to speak Available to answer questions
	an organization or a person other than yourself: \(\sum \text{Yes}\) \(\text{No}\) need not complete the rest of this form. If you answered "yes," provide the name he next question)
Name, address and telephone numb	er of each person or organization you are representing:
	된 강화의 경우에 한 경우를 보고 있다. 한 경우를 받는 것이 되는 것은 것은 것을 받는 것을 받았다.
Are you being paid for your represe	ntation? Yes No
Are you appearing as part of your o (If you answered "no," STOP; you question.)	her paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Information	ng (Common Council) 5 minutes Hearing

Are you an e	elected 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 b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name

Date: 4/21/09

Registrati	on Statement -		uncil		
		COMMITTEE			
Please Print		PLEASE F	PRINT NAME CLEA	\RLY	
		Name	Sanaire a	uster	
Agenda No		Address	701 Crestain	Son O w	
			madison		
Please check the app	ropriate box:		Please check the	e appropriate	e box:
Support Support		AND	☐ Wich to spea		
Oppose C		AND	ot wish:	to speak answer questi	ons
Neither Su	pport Nor Op-	- anist	hant		
At this meeting are yo	u representii	Mart	lf:	☐ Yes	[No
(If you answered "no, of who you represent	and go on to i	Suffer	\sim mol answ	ered "yes," p	rovide the name
Name, address and tel	enhone numbe M	. opposition	ntin	na	
	opnone number	regist supports	Space ""	15 .	
	$\overline{}$	torung	_		
			-		
Are you being paid fo	r your representation			☐ Yes	No
Are you appearing as (If you answered "no, question)			n or organization? f this form. If you answ	Yes vered "yes," g	No on to the next
Speaking Limits:	Information Hearing	nmon Council) 5 1 53 1	minutes		

	Print Name
Date	Signature
	the City-County Building, Madison, for more information)
(Please go to	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at
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?
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
	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.)
Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No

Date: $\frac{4/21/2009}{}$

Registration Statement - Common Council	
Please Print	PLEASE PRINT NAME CLEARLY
	Name Jerry Lourigan
Agenda No. TIEM 10	Name Sery Lourigan Address 5413 Canaden Rol.
	Madison WI 53716
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Suppor	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you represent and go	Do not wish to speak Available to answer questions yourself: Yes No If you answered "yes," provide the name e representing:
Name, address and telephon	e representing:
1	
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 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

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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 b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at follows the Clerk's Office at follows the City-County Building, Madison, for more information)
Date	Signature
	Print Name

			Date:
		CITY OF MA	DISON
Registra	tion Statement -	Common (Council
		COMMITTEE	
Please Print		PLEAS	E PRINT NAME CLEARLY
		Name	MItch Custer
Agenda No. 16		Address	MITCH CUSTER 701 Cresture Dr
			madison, WI 53716
Please check the ap	propriate box:		Please check the appropriate box:
Support			■ Wish to speak
Oppose		AND	Do not wish to speak
	upport Nor Oppos		Available to answer questions
(If you answered "n of who you represen	o," STOP; you need no t and go on to the next o	t complete the res question)	on other than yourself: Yes No t of this form If you answered "yes," provide the name ization you are representing:
Are you being paid	for your representation?		☐ Yes ☐ No
	s part of your other paid o, " STOP; you need no		rson or organization? Yes No st of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	3 (1111-1111-1111-1111-1111-1111-1	3 minutes

	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.)
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and the second second	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

		선명하다 하는 하는 사람이다.	Date: <u>7 - 2</u>	1-09
	CITY OF MAI	DISON		
Registration Statement -	Common C	Council		
	COMMITTEE			
Please Print	PLEASE	PRINT NAME CLI	EARLY	
	Name	MEL FRYDE.	Nons	
Agenda No.	Address	MEC FREDES	NEN	RD
Please check the appropriate box:		Please check	the appropria	te box:
Support		↑ Wish to sp	eak	
Oppose	AND	Do not wis	sh to speak	
Neither Support Nor Oppos	se .	■	to answer ques	stions
At this meeting are you representing an organism (If you answered "no," STOP; you need no of who you represent and go on to the next of Name, address and telephone number of each	ot complete the rest question)	of this form. If you an	swered "yes,"	☐ No provide the name
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)			☐ Yes aswered "yes,"	☐ No go on to the next
Speaking Limits: Public Hearing (Cor Information Hearing				

Other Items.......3 minutes

	elected 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:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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	to 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: 401 1 21 2009

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Janie Loenen
Agenda No.	Address 5605 Alder Rd.
	Madison WI. 53716
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppos	♥ 기업을 되는 경험 경험 기업을 하고 하는 전략을 받는 것이 되는 것이 되는 것이 되었다. 그런 것이 되었다. 그런 것이 없는 것이었다.
At this meeting are you representing an orga (If you answered "no," STOP ; you need no of who you represent and go on to the next of	t complete the rest of this form. If you answered "yes," provide the name
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 not complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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)
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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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)
Data A	1) 21 2009 Signature Manis (Almer

Print Name

Date: 4/21/09

Registration Statement	- Common Council
Please Print	
	PLEASE PRINT CLEARLY
	Name Joanna Sturm Address S605 Atder Rd Madison, WI 53716
Agenda No. 10	Address S605 Hder Ro
	Madison, WI 33716
Please check the appropriate boxes:	
	and Wish to speak
Support Oppose	Do not wish to speak
Neither Support Nor Opp	ose Available to answer questions
At this meeting are you representing an or (If you answered "no," STOP; you need of who you represent and go on to the nex	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name
	each person or organization you are representing:
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Are you being paid for your representation	n? Yes No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (C	Common Council)5 minutes
Information Heari	ing 3 minutes 3 minutes
Other Remission	annunias annunin senting annun senting annun senting annun senting annun senting annun senting annun senting a

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.	
2. 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)	•
Date 7/21/09 Signature Print Name Joanna Sturm	_

Date: <u>April 21</u>, 2009

Registration Statement -	Common Co	uncil		
Please Print	PLEASE F	PRINT NAME CLE	EARLY	
Agenda No. 10	Name S	aune Sercy 5500 M	enian Aher A	
Please check the appropriate box:		Please check t	he appropria	te box:
 ☐ Support ☑ Oppose ☐ Neither Support Nor Oppose 	AND se	☐ Wish to spo ☑ Do not wis ☐ Available t		tions
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next	ot complete the rest of		☐ Yes swered "yes,"	☐ No provide the name
Name, address and telephone number of ea	ch person or organizat	ion you are represen	ting:	
Are you being paid for your representation	?		☐ Yes	☑ No
Are you appearing as part of your other part (If you answered "no," STOP; you need n question)			☐ Yes swered "yes,"	⊠ No go on to the next
Information Hearin	ommon Council) 5 r	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.)
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	to 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: 1/21/09

Registration	on Statement	Common C	ouncil	
Please Print				
		PLEASE	PRINT NAME CLEARLY	
		Name	EWALD KO	CH.
Agenda No.		Address	5504 MAHE	R. ANK
			MA21500	5371:
Please check the app	ropriate box:		Please check the app	ropriate box:
Support		AND	Wish to speak	
Oppose Neither Su	pport Nor Oppos		☐ Do not wish to spe☐ Available to answe	
(If you answered "no, of who you represent a	" STOP; you need no and go on to the next of	t complete the resi question)	on other than yourself: of this form. If you answered zation you are representing:	Yes ∐ No "yes," provide the name
Are you being paid for	your representation?			Yes
			son or organization? t of this form. If you answered	
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	ananaanio din minaananin'inan-io 17 metatra 1904 - 1905 (1907) penganjarah	3 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? \[\sum \text{Yes} \sum \text{No} \]
	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 t that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at if the City-County Building, Madison, for more information)
Date	Signature
	era di tanggan, di anggantahang bilah di manggan sa sa sa sa sa sa bilah di tanggan sa sa sa sa bilah di badah Bagan sa sa sa sa sa sa sa ta Print Name

Date: 4/21/09

Registration Statemen	t - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Barbara A Niemann Address 5220 Maher Ave Malisa Wi 53716
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Op	AND Wish to speak Do not wish to speak Available to answer questions
	organization or a person other than yourself: Yes No d not complete the rest of this form If you answered "yes," provide the name next question)
Name, address and telephone number o	f each person or organization you are representing:
Are you being paid for your representat	ion? ☐ Yes ☐ No
	paid duties for this person or organization? Yes No ed not complete the rest of this form. If you answered "yes," go on to the next
Information He	(Common Council) 5 minutes aring 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	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.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at follows for the Clerk's office at the City-County Building, Madison, for more information)
Date	Signature
	of the August and August Andrews and the state of the August Andrews and the August Andrews Andrews Andrews An Andrews August Andrews

Date: 4/21/2009

Registrati	on Statement	COMMITTEE
Please Print		
		PLEASE PRINT NAME CLEARLY
		Name Sandre L Dvorok
Agenda No		Address 1200 PF/acm RL Madison WI 537/6
		Madison WI 537/6
Please check the app	ropriate box:	Please check the appropriate box:
Support		☐ Wish to speak
Oppose		AND Do not wish to speak Available to answer questions
Neither Su	pport Nor Oppose	
		nization or a person other than yourself: Yes No
(If you answered "no, of who you represent	" STOP; you need not and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
		경영 등 보다는 경상은 사람들은 사람들은 본 사람들은 그리고 있다.
name, address and tel	epnone number of each	h person or organization you are representing:
Are you being paid fo	r 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
Speaking Limits:		nmon Council)5 minutes
		3 minutes

	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	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
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	to 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: $\frac{4/21/09}{}$
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name GREG MCGUIRE Address COD GREWIRW DR MANISON, W(53716)
	MADISON, W(537/6
Please check the appropriate boxes:	
Support✓ OpposeNeither 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	ization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name testion)
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

Public Hearing (Common Council)..... 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

question)

Speaking Limits:

	ou an elected official or employee who is appearing solely on behalf of your office or for your municipality or governmental body?
	answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign rm. If you answered "no" to the question, go on to the next question.)
If you that:	are 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.
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	se go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name