Date:	1	1-6	0	$\mathbb{Z}$		
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# **CITY OF MADISON**

Registration Statement -	Common Council COMMITTEE
Please Print 0747 (	PLEASE PRINT NAME CLEARLY
Agenda No. #9	Name Glorge Austin  Address 3316 Chanbarlan Are  Madison, WI 53126
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppos	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organization you are representing:
WARF 614 Walnut St	
Madwa N1 53726	
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
Speaking Limits: Public Hearing (Con Information Hearing	mmon Council) 5 minutes 3 minutes

## **REGISTRATION STATEMENT - PAGE 2**

Are you an ele other governm	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, <b>STOP.</b> 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.)		
If you are beir that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
	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?		
	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//-	6-07 Signature AMNE Claste		
	Print Name EERGE F ANSON		

	Date: 11-6-07
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print 07471	PLEASE PRINT NAME CLEARLY Name CHAIG SPANGUR
Agenda No.	Address BR CHESTANT SPEET SUTE 1400, PHILADEUMIA, P
Please check the appropriate box:	Please check the appropriate box:
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," <b>STOP</b> ; 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:
WSCONNIN AWMINI COLK WALLIUT S WAPISON, WI	PESEARUT PONDATION 1945 53726
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid of (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

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

Speaking Limits:

### **REGISTRATION STATEMENT - PAGE 2**

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Are you an eleother 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, <b>STOP</b> . 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 bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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  Charles Shawle Land

Date: 11/6/07

# CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print 07471	PLEASE PRINT NAME CLEARLY
Agenda No. #	Name Fett Hersell II Address 2607 Chamberlain Mortion 53705
Please check the appropriate box:	Please check the appropriate box:
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," <b>STOP</b> ; you need not of who you represent and go on to the next quantum of the your representation of the next quantum of the your representation of the your representa	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
University of W	isc Madira
610 Wohnt	
Are you being paid for your representation?	☐ Yes   X\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
Speaking Limits: Public Hearing (Com Information Hearing Other Items	

## **REGISTRATION STATEMENT - PAGE 2**

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Room 103 of th	the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at e City-County Building, Madison, for more information  (1)  (2)  (3)  (4)
Date ///4	Signature  Print Name  POT  ARCO H  Print Name