07615

Date:	4/	810	Q

	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	그리 하는 그런 집에는 모든 하는 아이들은 아무리를 모르는 그 살아 보고 있다면 하는 사람이 되었다면 살아 보는 것이다.
Agenda No. 98	Name Zachary Starr Address C15 U, Johnson Str
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppose	
	ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the na
of who you represent and go on to the next que	estion)
of who you represent and go on to the next que	estion) person or organization you are representing:
of who you represent and go on to the next que Name, address and telephone number of each	estion) person or organization you are representing:
of who you represent and go on to the next que Name, address and telephone number of each	estion) person or organization you are representing:
Name, address and telephone number of each part of your representation? Are you being paid for your representation?	estion) person or organization you are representing:

Are you an ele	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)	
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.	
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 $4/6$	Signature Million Print Name Zadnary Starr	

Date: 03/08/04

CITY OF MADISON

Registration Statement - Common Council

	The state of the s	
Please Print		
	PLEASE PRINT CLEARLY	
	Name NEERAV ABA	9NI
Agenda No.	Address 2924 HARVEY.	ST #60
	Name NEERAV ABA Address 2924 MARVEY MADISON, WI-	33705
Please check the appro	마르크 사람들은 경기를 보고 있는 것이다. 생물은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들	
Support	and Wish to speak	
Oppose	Do not wish to speak	
.=== 1,	pport Nor Oppose	tions
(If you answered "no,	ou representing an organization or a person other than yourself: Yes "STOP; you need not complete the rest of this form. If you answered "yes," and go on to the next question)	provide the name
Name, address and tele	lephone number of each person or organization you are representing:	
A haira maid for	r your representation?	No
Are you being paid for	r your representation?	
	part of your other paid duties for this person or organization?	ONO go on to the next
Speaking Limits:	Public Hearing (Common Council) 5 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 the City-County Building, Madison, for more information)	
Date	Signature	
	Print Name	

Date: 48/08

Registration Statement	Common Council
Please Print	
riteritari program de la militari de la regiona de la companio de la regiona de la regiona de la regiona de la La regiona de la companio de la regiona d	PLEASE PRINT CLEARLY
	Name Er. Klaukon
Agenda No.	Address CIL & Dayton St 47 1-20110 WI 53707
	1-9dira 4I 53707
Please check the appropriate boxes:	
Support	and PWish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
lame, address and telephone number of eacl	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
	nmon Council) 5 minutes 3 minutes

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	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
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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	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: MISINS

Registration Statement	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name //////// JCNSCM
Agenda No. $\bigcup_{i} (i)$	Address 702 N Him Pt. Pd.
	Madis Do 9017
	May Son, WI
Please check the appropriate boxes:	소리는 경우 전에 가는 것이 되었다. 그런 그는 것이 되었다. 그는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없 하는 것이 되었다. 그는 것이 없는 것이 되었다. 그는 것이 되었다. 그는 것이 없는 것이 되었다. 그는 것이 없는 것이 되었다.
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 orga	nization or a person other than yourself:
	t complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	
	h person or organization you are representing:
Apartment Assoc	2127100 of South Central WISC
702 N. High to	Sinh Rd
Madison	
Madison, WI.	
Are you being paid for your representation?	☐ Yes → No
Are you being paid for your representation:	
Are you appearing as part of your other paid	
	t complete the rest of this form. If you answered "yes," go on to the next
question)	
Speaking Limits: Public Hearing (Com	umon Council) 5 minutes
Information Hearing	nanananana aasaanaanaa 3 minutes

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 b that:	being 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.	
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(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.)		
Koom 103 o		
Date 7	1,8.08 Signature Maucey Ansec	
	Print Name Nancy Jensen	

Date: 418 10 B

Registration Statement -	
	COMMITTEE
Please Print O C	PLEASE PRINT NAME CLEARLY Name Kan Ehrhardt
Agenda No.	Address 2120 Universit Are \$1414 Madison, w. 7 53726
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
	anization or a person other than yourself: Yes No t 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)	I duties for this person or organization? Yes Vo to complete the rest of this form. If you answered "yes," go on to the next
사람들이 가는 지수는 그들은 사람들이 지하는 것이 되었다.	nmon Council) 5 minutes

Are you an el other government	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)		
Date	Signature		
	Print Name		

Date: 04/08/08

Registration Statement -	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name JESSICA TavIC
Agenda No. 78	Name Jessica Kavic Address 237 Lakelawn Pl.
Please check the appropriate boxes:	는 경기에 가는 것이 되었다. 그들은 기를 되는 것으로 되었다. 그런 그들은 사람들은 사람들이 되었다. 그는 것이다.
⊠ Support	and Wish to speak
Oppose	and Wish to speak Do not wish to speak Available to answer questions
Neither Support Nor Oppose	Available to answer questions
	· ·
At this meeting are you representing an orga	nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	uestion)
Name address and telephone number of each	h person or organization you are representing:
Name, autress and telephone number of cach	in person of organization you are representing.
Are you being paid for your representation?	\square Yes \square 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 question)	t complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	nmon 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?		
	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 bei that:	ng 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?		
(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	Signature		
	Print Name		

Date: 4/8/08

Registration Staten	nent - <u>Common Council</u>
	COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name Tose LE COURNERU
Agenda No. 98	Address 2115 FRisch Rel
,	
	- I VIADIS M
Please check the appropriate box	: Please check the appropriate box:
Support	Wish to speak
Oppose	AND
Neither Support Nor	Oppose Available to answer questions
· · · · ·	
	g an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to t	
Name, address and telephone numb	per of each person or organization you are representing:
Are you being paid for your represe	entation? Yes Yo
Are you appearing as part of your o	other paid duties for this person or organization?
(If you answered "no," STOP ; you question)	need not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hear	ing (Common Council)5 minutes
Information	Hearing 3 minutes

Are you an eleother government		ing solely on behalf of your office or for your municipality or Yes No
10/	ed "yes" to the question, STOP. You need to answered "no" to the question, go on	ed not complete the rest of this form, except that you must sign to the next question)
If you are beithat:	ng paid for your representation, or if yo	our appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lob with the City Clerk	obyist, you or your principal must file an authorization
2	Your principal is not permitted to auth City Clerk	norize you to lobby unless you are registered with the
. 3		ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
	the City Clerk's website <u>www.cityofm</u> he City-County Building, Madison, for m	nadison.com/clerk/index.html or go to the Clerk's Office at core information)
Data	Signatura	
Date	Signature Print Name	

	Date: 4/8/08
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	
	Name Jeffrey Wright
Agenda No.	Address 437 W. Gartham St Apt 124 Madison, W 53703
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 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 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
Speaking Limits: Public Hearing (Comr	non Council)5 minutes

Information Hearing 3 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.)
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: 4-8-08
	CITY OF MADISON	
Registration Statement		
•	COMMITTEE	
Please Print	PLEASE PRINT NAI	MF CLEARLY
Agenda No. <u>IX</u>	Name Rosemo Address 11 W	Wilson St 53703
Please check the appropriate box:	Please	e check the appropriate box:
Support Oppose Neither Support Nor Opp At this meeting are you representing an o (If you answered "no," STOP; you need of who you represent and go on to the nex	AND Dose organization or a person other than y not complete the rest of this form. I	ish to speak o not wish to speak vailable to answer questions ourself: Yes 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	on?	☐ Yes ☐ No
Are you appearing as part of your other p (If you answered "no," STOP; you need question)		
	Common Council) 5 minutes ing 3 minutes	

Are y other	ou an goverr	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(If yo this fo	u answ orm. If	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:	ш are b	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Pleas Room	se go 103 oj	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)
D-4		
Date .		Signature
		Print Name

	Date: 4/8/05
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Andrew T. Voss Address 1323 W. Dayton St. Madison, WI 53715
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 duties for this person or organization? ☐ 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
	nmon Council)5 minutes 3 minutes

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, 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: April 8,2008

Registra	tion Statement - <u>Com</u> COMMIT		ouncii
Please Print		MEACE	PRINT CLEARLY
Q			Claire Rydell
Agenda No.		Address	970 University Ave #6
			Madison WI 53706
Please check the app	propriate boxes:		
Support			and Wish to speak
Oppose			Do not wish to speak Available to answer questions
Neither S	upport Nor Oppose		Avanable to answer questions
Name, address and t	elephone number of each person of	or organi	zation you are representing:
Are you being paid	for your representation?		☐ Yes 🗹 No
	as part of your other paid duties for no," STOP; you need not complete		son or organization?
Speaking Limits:	Public Hearing (Common Cou Information Hearing		5 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 f the City-County Building, Madison, for more information.)
Date	Signature.
	Print Name

Date: 4/8/88

CITY OF MADISON

Registration Statement -	COMMITTEE		
Please Print	PLEASE PRINT CLEARLY		
Agenda No. #78 Photos	Name JEFF WISWELL Address FIFT 3 So. PINCHATEY ST. MADISON WIS: #61-2		
Please check the appropriate boxes:	53703		
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 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 Apply ASSOC-of So	ch person or organization you are representing: . CENTRAL Wise.		
Are you being paid for your representation	? Yes □ No		
Are you appearing as part of your other pai (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	mmon Council) 5 minutes		

3 minutes

Information Hearing

Are you an el other governn	ected 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 beithat:	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 4/	8/08 Signature All Manuel
7	Print Name SEFF WSWELLSK.

Date:	41	18	10	<u></u>	7	
Date.			3 1 1	1000		

Registration Statement -	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
92	Name Catherine Hixon
Agenda No.	Address 29 E Wilson
	Madison Wi 53703
Please check the appropriate box:	READ Please check the appropriate box:
Support	☐ Wish to speak
Oppose	AND Do not wish to speak Available to answer questions
Neither Support Nor Oppos	e Available to answer questions
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name question) ch person or organization you are representing:
Are you being paid for your representation?	Yes ∑TNo
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 of 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 governm	ected 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 beithat:	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 the City-County Building, Madison, for more information)	
Date	Signature	
	Print Name	

	Date: 4-8-2008
	CITY OF MADISON
Registration Statement	
Please Print	COMMITTEE
	PLEASE PRINT NAME CLEARLY
	Name Rolf Rodefeld
Agenda No	Address 602 5 Thornson ALE
	Name Rolf Rodefeld Address 602 5 Thornson Ave Madison WI 53703
Please check the appropriate box:	Please check the appropriate box:
$\cancel{\mathbb{X}}$ Support	Wish to speak
Oppose	AND Do not wish to speak Available to answer questions
Neither Support Nor Oppos	e
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	nnization or a person other than yourself: \(\sum \text{Yes}\) No t complete the rest of this form. If you answered "yes," provide the name question)
Name, address and telephone number of eac	h person or organization you are representing:
Are you being paid for your representation?	\square Yes \square 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 no question)	t complete the rest of this form. If you answered "yes," go on to the next

Public Hearing (Common Council) 5 minutes

3 minutes

Information Hearing

Speaking Limits:

	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:	ing 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?	
	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	