Date: 5/19/09

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 5 1013960	Name Patrick McDonnell Address 441 N. Paterson
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," 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
	person or organization you are representing:
608-257-0119	Neighborhood Assoc
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
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes
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Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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
	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
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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)
Data	
Date	Signature Print Name

Date: 19 May 09

Registrat	ion Statement -	Common C	ouncil
		COMMITTEE	
Please Print			
		PLEASE	PRINT NAME CLEARLY
		Name	Tavid Waugh
Agenda No.	13960)	Address	1212 Fact St. Cl. 14
	Shu house	Address	
	J /24/8 31003 (Madi 567
Please check the app	propriate box:		Please check the appropriate box:
— S		de altre de de aligaes.	
Support Oppose		AND	✓ Wish to speak✓ Do not wish to speak
	Ipport Nor Oppos		Available to answer questions
	thhout Mot Ohhose		
At this meeting are ye	ou representing an orga	nization or a perso	n other than yourself: Yes \nabla No
(If you answered "no	," STOP; you need not	complete the rest	of this form. If you answered "yes," provide the name
oj wno you represent	and go on to the next q	uestion)	경영화의 현실 경험 교육 기업 전경 경영 기업 기업 등 경영 기업 기업 등 기업 공항공항의 교육 전기 기업
Name, address and te	lephone number of eac	h person or organiz	zation you are representing:
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Are you being paid for	or your representation?		☐ Yes [☑/No
	is the Marks ₹ the second of		
Are you appearing as (If you answered "no question)	part of your other paid of, "STOP; you need not	duties for this pers t complete the rest	son or organization?
question			
Speaking Limits:	Public Hearing (Com		
	Information Hearing	eisanse (seinessannannun unun eine	3 minutes
	Other Items	raannaaraan oo ah aan maan na ca sa ca	3 minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Date _	19	May 69 Signature David la Rugh

				Date:	
		CITY OF MA	ADISON		
Registra	tion Statement -	Common (Council		
		COMMITTEE			
Please Print	Province and Section 2017 Section 2018 (Section 2018)				
		PLEAS	E PRINT NAME	CLEARLY	
		Name	Richard	Arnes	en
Agenda No.		Address	114 Nav	tilus O.	R
Please check the ap	opropriate box:		Please che	eck the appropri	ate box:
Support Oppose		AND	Wish to	o speak wish to speak	
	upport Nor Oppos	se .	■	ble to answer que	estions
(If you answered "n of who you represer	you representing an organo, "STOP; you need not and go on to the next at telephone number of each	ot complete the res question)	st of this form. If you	ı answered "yes,	☐ No " provide the name
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321	Howe D E Main S	ST, WC	disa 6	58-25	1-6000
Are you being paid	for your representation?	?		Yes	□No
	s part of your other paids, "STOP; you need no	-	_		☐ No " go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	g ;	3 minutes		

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	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form 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)
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(Please 20	to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at
	f the City-County Building, Madison, for more information.)
Date _S-	-2019-09 Signature 2011
	Print Name Richard Acade

	Date:
	CITY OF MADISON
Registration Statement	Common Council
Please Print	
riease rinit	PLEASE PRINT CLEARLY
	Name telen BRADBURY
Agenda No	Address 100 SHERMAN AVE
	MADISON
Discording the appropriate howers	
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	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:
Store House Development	321 E. MAIN ST MADISON
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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
Speaking Limits: Public Hearing (Com Information Hearing	amon Council)5 minutes 3 minutes 3 minutes

lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
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19/09 Signature All N Bradby Print Name Helen H. Bradbyry
n ei zi

Date: 5/19/09

Registration Statement	COMMITTEE	ouncii		
Please Print	COMMITTEE			
		PRINT CLEARLY	The sale of the	
	Name	PANDY BR 7601 UNIV	UE	
Agenda No. 5	Address	7601 UNIV	ERSITY	AVE
Please check the appropriate boxes:				
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Support Oppose		Do not wish	to speak	
Neither Support Nor Oppose	e	Available to	answer quest	ions
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	compiete the rest	on other than yourself: of this form. If you answ	Yes vered "yes,"	☐ No provide the name
Name, address and telephone number of each	h person or organi	zation you are represent	ing:	
Stove House Devel	opment	32/ EAST MAIN S	ST, MAPIS	ion
STONE HOUSE DEVEL REMAISSANCE PROPERS	My Glorp,	1 SHERRIAN 7	ERPACE	\$102, WARDSON
	NAME OF THE PROPERTY OF THE PR			
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 per t complete the rest	son or organization? t of this form. If you ans	Yes wered "yes,"	
Speaking Limits: Public Hearing (Com Information Hearing Other Items	estatorio nel contra no descripto de la contra dela contra de la contra dela contra de la contra del la co	3 minutes		

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body? [Yes No
(If you this for	answer m. If yo	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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(Pleas Room	e 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 _	5/19	9/09 Signature & Ravel Promote Bruce

Date: 5.19.09

Registration Statement	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
Agenda No. #5 13960	Name Wichard MATTY Address 1 Shorman Tes. #102 Mahisan Wa
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
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
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

		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 on answered "no" to the question, go on to the next question)
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Date _		Signature
		Print Name

Date: Hery 19 2009

Registration State	ment - Common Col	uncil
Please Print Agenda No. 1396	Name	RINT NAME CLEARLY I WARD LINSTER 432 SIDNEY ST. MADISON WI. 53703
Please check the appropriate bo		Please check the appropriate box:
SupportOpposeNeither Support No	AND or Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you represent (If you answered "no," STOP; you of who you represent and go on to	ou need not complete the rest of	other than yourself: X Yes No No this form. If you answered "yes," provide the name
Name, address and telephone nur	nber of each person or organizat	ion you are representing:
TENNEY LADNING.	NEIGHBORHOOD A	550 CIATION
Are you being paid for your repre	esentation?	☐ Yes ☑ No
Are you appearing as part of you (If you answered "no," STOP; y question.)		n or organization? Yes No No this form. If you answered "yes," go on to the next
Informati	earing (Common Council) 5 r on Hearing 3 r ms 3 r	ninutes

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
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Date	Signature
	Print Name