		D	ate: 5 5 10 9	7
	CITY OF MADI	SON		
Registration Statement	Common Co	uncil		
Please Print		PRINT NAME CLEA	PIV	
Agenda No.	Address	Doug t Potter La		
		15 Ellis f	offer Ct	
Please check the appropriate box:		Please check the	appropriate box:	
Support Oppose	AND	☐ Wish to speak ☐ Do not wish to	o speak	
Neither Support Nor Oppose		☐ Available to a	inswer 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 o	other than yourself: f this form. If you answe	Yes No ered "yes," provide th	he name
Name, address and telephone number of each	n person or organiza	tion you are representin	g:	
Menter				
Merter 2025 Park St				
Are you being paid for your representation?			☐ Yes ☐ No	
Are you appearing as part of your other paid	duties for this perso	n 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

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

question.)

Speaking Limits:

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?
(If you answer this form If yo	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:	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.
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?
Room 103 of t	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 the City-County Building, Madison, for more information.)
Date	Signature  Print Name  Dong Hush

Date: 5/5/09

# CITY OF MADISON

Registration Statement -	Common Council
	COMMITTEE
DI Dulue	
Please Print 13780	PLEASE PRINT CLEARLY
	Name Melissa Huggins
Agenda No.	
	Address 202 S. Perk DQ Madrin, 5371)
Please check the appropriate boxes:	
Support	and Wish to speak  Do not wish to speak
Oppose	Available to answer questions
Neither Support Nor Oppos	e P. Wallable to alistrer questions
	10 DX: DX:
At this meeting are you representing an orga	anization or a person other than yourself: Yes No
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
of who you represent that go on to the next q	(mesilon)
Name, address and telephone number of eac	h person or organization you are representing:
•	suies, FAL 917-5-606
Merices Health Se	rules, FAL 71/-JOU
•	
	······································
Are you being paid for your representation?	✓ Yes □ No
Are you appearing as part of your other paid	duties for this person or organization?
(If you answered "no," STOP; you need no	of complete the rest of this form. If you answered "yes," go on to the next
question)	
Speaking Limits: Public Hearing (Con	nmon Council) 5 minutes
	Tananananananananananananananananananan
Other Items	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or unental body?
	ered "yes" to the question, <b>STOP.</b> 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	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.
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	to 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 fine City-County Building, Madison, for more information.)  Signature
<del></del>	Print Name 101 . I as / las

	CITY OF MADISON
Registration Statement	Common Council
Please Print 13780	PLEASE PRINT CLEARLY
0	Name Joby 9HAW
Agenda No.	Address 15 EUG POTTER CT.
	MADISON, WI 53705
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose 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 questions.	nization or a person other than yourself:   Yes   No  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:
MERITER HOSPITAL	
202 SOUTH PARK ST.	
MADISON, WI	
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

Date: 05-05-00

(If you answered "no," STOP; you need not 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

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, <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 that:	bein	g 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 ne City-County Building, Madison, for more information)
Date5	-5	Signature August Jopy H. SHAW
		Print Name Jopy H. SHAW

Date:	5	· 5	0	7		٠
			-		-	▔

## CITY OF MADISON

Registration	on Statement -	Common Council	
Please Print	13780	COMMITTEE  PLEASE PRINT CLEARLY	
Agenda No.		Name JOE STARCK  Address 755 Braxton Place  Maclison, WI 53719	
1d # 137	80	Madison, WI 5371	5
Please check the appro-	priate boxes:  pport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions	
(If you answered "no, of who you represent a	" STOP; you need no and go on to the next o	anization or a person other than yourself: Yes No et complete the rest of this form. If you answered "yes," provide the question) the person or organization you are representing:	ie name
		Yes No	
Are you being paid fo Are you appearing as (If you answered "no, question)	part of your other paid	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:	Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes	

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes No
10		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 ar that:	re bein	g paid for your representation, or if your appearance is part of other paid duties, please be advised
1	. 11	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2	<u>)</u> .,	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 ee City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: 05 85 0 9

## **CITY OF MADISON**

Registration Statement -	COMMITTEE
Please Print 13780	PLEASE PRINT CLEARLY
	STORE TACOBIAN
a	Name /120 3720
Agenda No.	Name Steve Jacobson  Address Pritting lam Place
= 13780	Madisonu
Please check the appropriate boxes:	
Support	and Wish to speak
	Do not wish to speak
Oppose	Available to answer questions
Neither Support Nor Oppos	
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 this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ch person or organization you are representing:
Ptophent TALVOCONG	D 10 A Topped
MADURE THE COURT	W JOET SCHOOL STATE
Are you being paid for your representation	? Yes ENO
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
Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  [] Yes [] No
(If you this for	answei m If ye	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 that:	are bei	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Pleas Room	e go to 103 of i	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