Date: 3	2	10	
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Registration		Common C	ouncil			
Please Print		COMMITTEE				
		PLEASE	PRINT NAME CLI	EARLY		
		Name	Kristin The	mpson		
Agenda No.	y-14	Address	50 S Ten	rh Sw	He 300	· · · · ·
			Unneapolis,	MN SSHI	ავ	
Please check the appr	opriate box:		Please check	the appropria	te box:	
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Neither Suj	pport Nor Oppose					
(If you answered "no,	u representing an organize of the contract of the contract of the next que	omplete the rest	-		⊠ No provide the i	name
Name, address and tel	ephone number of each p	oerson or organi	zation you are represed	nting:		
Are you being paid for	your representation?			☐ Yes	□No	
	part of your other paid do "STOP; you need not c			☐ Yes nswered "yes,"	☐ No ' go on to the	next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	estanan i skodu istablastikili.	3 minutes			
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Are you an elected official other governmental body?	or employee who is appeari	ing solely on behalf of your	office or for your municipality or Yes No
	the question, STOP. You nee "no" to the question, go on t		his form, except that you must sign
If you are being paid for that:	your representation, or if yo	our appearance is part of ot	her paid duties, please be advised
1 Before you with the Ci	engage in lobbying as a lob ty Clerk	byist, you or your principa	must file an authorization
2. Your princ City Clerk	ipal is not permitted to auth	orize you to lobby unless y	ou are registered with the
period (ha	ncipal spends or will owe most fyear), the principal must of the calendar year?		
	lerk's website <u>www.cityofm</u> nty Building, Madison, for m		nl or go to the Clerk's Office at
Date	Signature Print Name		

Date:	3-2	2- 20	10	

Common Council

Registration Statement -

COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Name Agenda No. 13-14 Sule 300 Please check the appropriate box: Please check the appropriate box: Wish to speak Support AND Do not wish to speak Oppose Available to answer questions **Neither Support Nor Oppose** ☐ Yes At this meeting are you representing an organization or a person other than yourself: (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 person or organization you are representing: Yes No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question) Public Hearing (Common Council) ____5 minutes Speaking Limits: Other Items 3 minutes

	n elected official or employee who is appearing solely on behalf of your office rnmental body?		municipality or No
	wered "yes" to the question, STOP. You need not complete the rest of this form If you answered "no" to the question, go on to the next question.)	ı, except tha	t you must sign
If you are be that:	being paid for your representation, or if your appearance is part of other paid	d duties, ple	ase be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must f with the City Clerk.	ile an author	ization
2.	Your principal is not permitted to authorize you to lobby unless you are City Clerk	registered w	ith the
3.	If your principal spends or will owe more than \$1,000 for lobbying service period (half year), the principal must file expense statements with the remainder of the calendar year?		
	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go of the City-County Building, Madison, for more information)	o to the Cle	erk's Office at
Date	Signature Print Name		

Date: $\frac{3/2}{10}$

Negistration Statement •	COMMITTEE	, ouncil		
Please Print	DI FASI	PRINT NAME CLE	ΔΡΙ Υ	
	FLLAGE	- LUIAI MAMIL OFF	ANLI	
13/14	Name	Scott	MULA	MORE
Agenda No.	Address	33, 5, 57	TATE.	#400
		CHICAGO,		
Please check the appropriate box:		Please check tl	ne appropria	te box:
Support Oppose	AND	Wish to spe Do not wish Available to		stions
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 que	complete the rest		Yes wered "yes,"	☐ No provide the name
Name, address and telephone number of each		zation you are represent	ing.	
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33, S, STATE	#400 <u></u>		·	
CHICAGO, IC				
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)			Yes wered "yes,"	☐ No ' go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	ительнования манама свояна	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? Yes \sum No
(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:
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 3/2/10 Signature SASM
Print Name 5: Malawa

Date:	3	2,	10	

Common Council

Registration Statement -

COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Name Agenda No. 2 Please check the appropriate box: Please check the appropriate box: Wish to speak Support AND Do not wish to speak Oppose Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (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 person or organization you are representing: Nirollet Mell Mph-MN 55403 Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered question.) Speaking Limits: Public Hearing (Common Council) ____5 minutes Information Hearing 3 minutes Other Items 3 minutes

aring solely on behalf of your office or for your municipality or Yes No
need not complete the rest of this form, except that you must sign n to the next question)
your appearance is part of other paid duties, please be advised
obbyist, you or your principal must file an authorization
uthorize you to lobby unless you are registered with the
more than \$1,000 for lobbying services in any reporting ast file expense statements with the City Clerk for the
ofmadison.com/clerk/index.html or go to the Clerk's Office at more information)
VAU BELL

Date: $\frac{3-2-6}{}$

Registration Statement	Common Council
Please Print	COMMITTEE
	PLEASE PRINT NAME CLEARLY
17. * 10	Name Holen Fink
Agenda No. 7	Address 55 sats State Street
	Chago IC 6
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Noither Support Non Oppose	AND Wish to speak Do not wish to speak Available to answer questions
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 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:
3/2 675 5	H S P
37 South State	Stocat OScars
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)	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 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:
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Date 3-2-0 Signature Adex Fig. (

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Date: 3/2/10	1.1	1.	٠	٠,	
Date. 7/0/10				1	

Registration Statement -	COMMITTEE	OUNCIL	
Please Print			
	PLEASE	PRINT NAME CLEARLY	
12 11/	Name	JIM FARRELL	
Agenda No. 13 414	Address 335.5TATE ST. CHGO, 14 60602		
		CHGO, 14 60602	
Please check the appropriate box:		Please check the appropriate box:	
Support	AND	☐ Wish to speak ☐ Do not wish to speak	
Oppose Neither Support Nor Oppose		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 question Name, address and telephone number of each set PH FREED T	t complete the rest question) h person or organi	of this form. If you answered "yes," provide the name	
335 STATE :	st.		
C#90 14 6	0602		
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)		son or organization? Yes No of this form. If you answered "yes," go on to the next	
Speaking Limits: Public Hearing (Con Information Hearing Other Items	dubug santussan basangaan ansams	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 f the City-County Building, Madison, for more information.)			
Date	3/2/10 Signature Jan Janel			
	Print Name JAMES FARRELL			

Date: 63/02/10

Registration Statement	COMMITTEE	ouncii			
Please Print					
	PLEASE	PRINT NAME CLEA	IRLY		
	Name	MARY SHAF	TEP-		
Agenda No. 13/14	Address 3(25 QUAI) AV.N.				
	Golden Valley, MN				
Please check the appropriate box:	Please check the appropriate box:				
Support Oppose Neither Support Nor Oppose	AND	☐ Wish to spea☐ Do not wish☐ Available to	to speak	tions	
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	n person or organiz	zation you are representi	ng:		
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1000 Nicollet Mal	1				
1000 Nicollet Mal Minneapolis, MN	612	.761.916]	<u> </u>		
Are you being paid for your representation?			Yes Yes	No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)			∑Yes vered "yes,"	☐ No go on to the next	
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tre you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?
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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.)
Date 03.02-10 Signature // My ()
Print Name MARY T. SHAFFER