T0#08300

Date: FBB 05 08

# CITY OF MADISON

Registration Statement -	Common Council
Please Print	PLEASE PRINT CLEARLY
	Name CARY TIPLER Address 807 JENIFER
Agenda No	Address 807 JENIFER
	MADONN WI 53703
Please check the appropriate boxes:	
<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppos</li></ul>	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
(If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next of	anization or a person other than yourself: Yes No st complete the rest of this form If you answered "yes," provide the name question) the person or organization you are representing:
BUTLER STREET	
Are you being paid for your representation?	✓ Yes □ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question)	I duties for this person or organization? Yes No No of 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?  Yes No
(If you answered "yes" to the question, <b>STOP.</b> 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:
<ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.</li> </ol>
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 Feb 5 08 Signature 9 Jyl
Print Name O GARY TIPLER

丁叶 09300

Date: 2-5-04

## **CITY OF MADISON**

Registration Stat	ement - Common C	ouncil
	COMMITTEE	
Please Print		
	PLEASE	PRINT NAME CLEARLY
	Name	JAMES MURPOBEL
Agenda No.	Address	JAMES MURROBAL ZZE STATEST
Please check the appropriate l	) <b>0X:</b>	Please check the appropriate box:
Support		Wish to speak
Oppose	AND	Do not wish to speak
Neither Support N	on Oppose	Available to answer questions
Meither Support is	of Oppose	
	you need not complete the rest of	n other than yourself:
Name, address and telephone nu	mber of each person or organiz	ation you are representing:
Bothin S	-117	
1/31400		
Are you being paid for your repr	resentation?	☐ Yes
The you being part for your top.		
Are you appearing as part of you (If you answered "no," STOP; question)		on or organization?
Speaking Limits: Public H	earing (Common Council) 5	minutes
	ion Hearing 3	
Other Ite	ms3	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, <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 be that:	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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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?
	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 Z	$-5-09$ Signature $\sqrt{2}$
	Print Name LAMEN MUTHOON

					Date:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		CITY OF MAD	ISON				
Pagietra	tion Statement	Common C	ouncil				
Keyisii a		COMMITTEE	<del>Junen</del>				
Please Print			RINT CLEA	the second second			
	Z	Name _	DAC	<i>(1)</i>	UICCUA.	M)	
Agenda No.		Address	4//	N-	Inguso	11 54 F	24
Please check the app	propriate boxes:						
Support		a		Wish to			
Oppose					vish to speak		
	upport Nor Oppose			Availabl	e to answer que	stions	
(If you answered "n of who you represen Name, address and t	you representing an organico, "STOP; you need not out and go on to the next quantelephone number of each	complete the rest of estion)  person or organiz	of this form	If you d	inswered "yes,		name
Butter St	Lec (Chil	Lisher)					
Are you being paid	for your representation?				Yes	□No	
Are you appearing a (If you answered "n question.)	ns part of your other paid do no," <b>STOP;</b> you need not do	luties for this pers complete the rest	on or organ of this form	ization? If you	∑ Yes answered "yes,	☐ No " go on to th	e next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items		minutes				

and the second of the second of the second	an elected official or employee who is appearing solely on behalf of your vernmental body?	office or for your municipality or ☐ Yes ☑ No
	nswered "yes" to the question, <b>STOP.</b> You need not complete the rest of th If you answered "no" to the question, go on to the next question.)	is form, except that you must sign
If you are be that:	e being paid for your representation, or if your appearance is part of oth	er paid duties, please be advised
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3.	If your principal spends or will owe more than \$1,000 for lobbying period (half year), the principal must file expense statements wit remainder of the calendar year?	
	go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> 3 of the City-County Building, Madison, for more information.)	or go to the Clerk's Office at
Date	)-05-08 Signature Dewl C N.  Print Name DAVID WI	elen.

Date:	2-	.5	-06	
		1.00		

#### CITY OF MADISON

Registration Statement -**Common Council** COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Agenda No. Address 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: 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 "yes," go on to the next question.)

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

Speaking Limits:

Are you	u an ele overnm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you this for	answer m. 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.)
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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 _	e de	2-5-03 Signature Sull June
		Print Name