

Date: 9/1/2009

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 19  
#15540

Name Elaine M. Staley  
Address 933 Magnolia Ln  
Madison, WI 53713

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 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 person or organization you are representing:

Burr Oaks Neighborhood Assoc.

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

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) ..... 5 minutes  
Information Hearing ..... 3 minutes  
Other Items ..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

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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?

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Date 9/1/2009

Signature Elaine M. Staley

Print Name Elaine M. Staley

Date: 09/01/09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name Bradley J. Boyle  
Address 1028 fiedler Ln  
Madison, WI 53713

Agenda No. 19 (15540)

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 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 person or organization you are representing:

Burr Oaks Neighborhood Association

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  
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council).....5 minutes  
Information Hearing.....3 minutes  
Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 09/01/09

Signature

Bradley J. Boyle

Print Name

Bradley J Boyle

Date: 9-1-09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 19 (15540)

Name JOHN L BAUHS  
Address 922 SEQUOIA TR  
MADISON

Please check the appropriate box:

☒ Support  
☐ Oppose  
☐ Neither Support Nor Oppose

AND

Please check the appropriate box:

☐ 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 person or organization you are representing:

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

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) ..... 5 minutes  
Information Hearing ..... 3 minutes  
Other Items ..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature

Print Name

John L Baul  
J. JOHN L BAUL

Date: 9-1-09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

Agenda No. 19 (15540)

PLEASE PRINT NAME CLEARLY

Name

RUTH ANN BAUHS

Address

922 SEQUOIA TR  
MADISON

Please check the appropriate box:



Support



Oppose



Neither Support Nor Oppose

AND

Please check the appropriate box:



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 person or organization you are representing:

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

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes

Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature

*Ruth Ann Bauhs*

Print Name

*RUTH ANN BAUHS*



Date: 9-1-09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 19 (15540)

Name Brenda J. Frary  
Address 903 W. Badger Rd #B  
MADISON, WI 53713

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 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 person or organization you are representing:

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

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) ..... 5 minutes  
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Date 9-1-09

Signature Brenda J. Frary  
Print Name Brenda J. Frary

Date: 9-1-09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

F19

PLEASE PRINT CLEARLY

Agenda No. 15540

Name Deborah Garrett Thomas

Address 6828 Tottenham Rd  
Madison, WI 53711

Please check the appropriate boxes:

- ☒ **Support** and ☐ Wish to speak  
☐ **Oppose** ☒ Do not wish to speak  
☐ **Neither Support Nor Oppose** ☐ 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 person or organization you are representing:

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  
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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 9/1/09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 19 (15540)

Name Dale Cox  
Address 1045 Ridgewood Way  
Madison WI 53713

Please check the appropriate box:

☒ Support  
☐ Oppose  
☐ Neither Support Nor Oppose

AND

Please check the appropriate box:

☐ Wish to speak  
☐ Do not wish to speak  
☒ Available to answer questions

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(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:

Burr Oaks N.A.

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

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Date 9/1/09

Signature DALE A COX

Print Name DALE A. COX