Date: 9/1/2009

CITY OF MADISON

Registration Statement -	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 19 #15540	Name Elaine M. Staley Address 933 Magnalia Ln Madison W1 53713
Please wheck the appropriate boxes: Support Oppose Neither Support Nor Oppose At this meeting are you representing an orga	and Wish to speak Do not wish to speak Available to answer questions e mization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name
	h person or organization you are representing: 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.)	I duties for this person or organization? Yes No t 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

-	lected 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:	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?
, –	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 <u>9/</u>	1/2009 Signature Clowne M. Staley Print Name Elaine M. Staley
	Print Name Elaine M Staley

Date: 09/01/09

CITY OF MADISON

Registration Statement -	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Bradley J. Boyle Address 1028 Fiedler Ln
Agenda No. 19 (15540)	Address 1028 Fiedler Ln
	Madison, WI 53713
Please check the appropriate boxes:	
X Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppos	e Available to allswell questions
(If you answered "no," STOP ; you need no of who you represent and go on to the next q	
Name, address and telephone number of eac	ch person or organization you are representing:
Burr Oaks New	ghborhood Association
Are you being paid for your representation?	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	I duties for this person or organization? Yes No No st 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 el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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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.)
Date <u>09</u>	
	Print Name Bradley J Boyle

	Date: 9-1-09
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
19 /1001	Name JOHN L BAUHS
Agenda No. 19 (15540)	Address 922 SEQUOIA TR
	MADISON
Please check the appropriate box:	Please check the appropriate box:
⊠ Support]	□ Wish to speak
Oppose	AND Do not wish to speak
Neither Support Nor Oppos	e 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	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h 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

Other Items 3 minutes

(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:

	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)
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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 the City-County Building, Madison, for more information.)
Date	Signature A Mm & Bawk
	Signature John & Jawn Print Name John & 13ault5

		Date: 9-1-07
	CITY OF MAI	DISON
Registration Statement -	Common C	ouncil
Please Print Agenda No. 19 (15540)	Name	EPRINT NAME CLEARLY RUTH ANN BAUHS 922 SEQUOIA TR MADISON
Please check the appropriate box:		Please check the appropriate box:
Support□ Oppose□ Neither Support Nor Oppose	AND e	☐ 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	t complete the rest	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organi	zation you are representing:
Are you being paid for your representation?		☐ Yes 📈 No
Are you appearing as part of your other paid		rson or organization? Yes No

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

Other Items 3 minutes

question)

Speaking Limits:

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	vered "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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Date	Signature Kuth Unn Danks
	Signature Ruth Ann Bauks Print Name RUTH ANN BAUHS

	Bate: 1701
	CITY OF MADISON
Registration Statement -	Common Council
	COMMITTEE
Please Print	경영 사용 전에 가는 경영 사용 기업을 보고 있다. 이 전 기업을 받는 것이 하는 것은 것이다. 그런 것이 되었다. 그런 것이 없는 것이다. 그는 것이 하는 것이 되었다. 그는 것이 되었다. 그런 것이 되었다.
	PLEASE PRINT NAME CLEARLY
Agenda No. <u>19 (15540)</u>	Name Brenda J. Frank Address 903 W. Badger Rd #B
	MADISON, WY 53713
Please check the appropriate box:	Please check the appropriate box:
	☐ Wish to speak
Oppose	AND Do not wish to speak
Neither Support Nor Oppos	e 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 no question)	duties for this person or organization? Yes No t 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

	하는 문제가 하면 아니라는 하는 모든 모든 사람들은 사람이 되었다. 그는 사람들은 그리는 문제가 되었다. 그리는 사람들은 사람들이 되었다.
Are you an electory	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, 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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	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 <u>9</u> -	1-09 Signature Brenda & France
	Print Name Brenda J. Fran J

	Date: 17-1-29
	CITY OF MADISON
Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No. 15540	Name Deborah Garrett Thomas Address 6828 Tottenham RA Madison, W 1 53711
Please check the appropriate boxes:	- Wall-on (1 - 3 - 7)
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 organi (If you answered "no," STOP ; you need not of of who you represent and go on to the next que	zation or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name estion.)
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 d (If you answered "no," STOP; you need not a question)	uties for this person or organization? Yes No 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

Speaking Limits:

	elected 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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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
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:	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 quantity.	complete the rest of this form. If you answered "yes," provide the name
	n person or organization you are representing:
Barr Oaks N.A.	
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 minutes3 minutes3 minutes

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Date 9/1	Signature Oale a Co
	Print Name DALE A. Cox