

Date: 10.6.09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 90
#15285

Name KELLI LAMBERTY
Address 210 MLK BLVD RM 104
MADISON, MI 53704

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:

MPSEA

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?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information)

Date 10.6.09

Signature

Kelli Lambert

Print Name

KELLI LAMBERTY

Date: 6 October 200

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>90</u> <u>#15285</u>

Name TIM SOBOTA
 Address 4901 SHERWOOD ROAD
MADISON WI 53711

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

- and Wish to speak
 Do not wish to speak
 Available to answer questions

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Print Name _____

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Registration Statement - Common Council
COMMITTEE

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Agenda No. 90
#15285

PLEASE PRINT NAME CLEARLY

Name Lorri Wendorf

Address 6608 W. Thornapple Dr.
Janesville WI 53548

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak
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MPS&A

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Signature _____

Print Name _____

Date: 10-6-2009

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>90</u>
<u>15285</u>

Name Deborah A. Tilley

Address 5861 Persimmon Dr.
Madison, WI 53711

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

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- Wish to speak
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PLEASE PRINT NAME CLEARLY

Agenda No. <u>90</u> <u>#15285</u>

Name Eric Kestin

Address 11 Anniversary Ct
Madison, WI 53704

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- Support
- Oppose
- Neither Support Nor Oppose

AND

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