



CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name LORI KIEF
 Address 4413 Doe Crossing Tr
Madison 53704

Date 11/9/10
 Item (A)

- Support
- Oppose
- Neither *Support or Oppose*

- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing: Local 60

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" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)

Registration Statement - Page 2

Are you a public official 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, 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 questions.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

2

Name JAY YOUNG
Address TOWN OF CROSS PLAINS

Date 11/9/10
Item 4 25

- Support
- Oppose
- Neither Support or Oppose

- 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," 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?
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form.
If you answered "yes," turn over to the next question.) Yes No

Registration Statement - Page 2

Are you a public official 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, 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 questions.)

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- 3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name John Neis (nice)
Address _____

Date 11/19/10
Item 4

Support
 Oppose
 Neither Support or Oppose

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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
Local 60

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" to both these questions, STOP. You need not complete the rest of this form.
If you answered "yes," turn over to the next question.)

Registration Statement - Page 2

Are you a public official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name DAVIN PICKELL
Address 17 MERRILL CREST DR.
MADISON, WI 53705

Date 11/9/10
Item _____

- Support
 Oppose
 Neither Support or Oppose

- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

AFL-CIO LOCAL 60

Are you being paid for your representation?

IATSE LOCAL 251

Yes No

Are you appearing as part of your other paid duties for this person or organization?

(If you answered "no" to both these questions, STOP. You need not complete the rest of this form.
If you answered "yes," turn over to the next question.)

Yes No

Registration Statement - Page 2

Are you a public official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Date _____

Signature _____

Print Name _____

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name BRIAN BUTLER
Address 2607 MIDDLETON BEACH ROAD
MIDDLETON, WI 53562

Date 11/9/10
Item 5

- Support
 Oppose
 Neither Support or Oppose

- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

MCAD

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" to both these questions, STOP. You need not complete the rest of this form.
If you answered "yes," turn over to the next question.)

Registration Statement - Page 2

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Date 11/10/09

Signature

Brian E Butler

Print Name

BRIAN E BUTLER

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name Kathleen Rideout
Address 425 N. Baldwin

Date 11/9/10
Item 2

Support
 ~~Oppose~~
 Neither *Support or Oppose*

~~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
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Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____