Date: 6-16-09

Registration Statement	Common C	ouncil
Please Print TP# 14718	PLEASE	PRINT NAME CLEARLY
Agenda No		Mark Shahan 607 Piper Dr. Madison WI 53711-1338
Please check the appropriate box:		Please check the appropriate box:
Support□ Oppose□ Neither Support Nor Oppose	AND	
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 que	complete the rest	n other than yourself: Yes No of this form If you answered "yes," provide the name
Name, address and telephone number of each	n person or organiz	ation you are representing:
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 pers complete the rest	on or organization?
Speaking Limits: Public Hearing (Com- Information Hearing	mon Council)	minutes minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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:	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.
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?
	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 Print Name

Date: June 16, 2009

Registration	on Statement	Common (Council		
Please Print Agenda No.	0	PLEASI Name Address	E PRINT NAME CL Beviv Co 9409 Black	EARLY tossell hawk Rd	
Please check the appr	opriate box:			the appropriate	53562 box:
Support Oppose Neither Su	oport Nor Oppose	AND		peak ish to speak to answer questio	ns
At this meeting are you (If you answered "no, of who you represent of	" STOP; you need not	complete the resi	on other than yourself: t of this form If you ar	: ☐ Yes ☐ nswered "yes," pr	XNo ovide the name
Name, address and tele	ephone number of each	person or organ	zation you are represe	nting:	
Are you being paid for	your representation?			☐ Yes [□ No
Are you appearing as partial (If you answered "no, question)	part of your other paid "STOP; you need not	duties for this per complete the res	son or organization? t of this form If you ar	☐ Yes [nswered "yes," go	No on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes		

	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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	Print Name

Date: 6-16-09

Registrat	ion Statement -	Common Council		
		COMMITTEE		
Please Print		PLEASE PRINT CL	EARLY	
#7	. 10	Name	m Walz	
Agenda No.		Address <u>950</u>	1 Plackho	wk td
At this meeting are y (If you answered "no of who you represent	ou representing an orga o, "STOP; you need no and go on to the next of	nization or a person other the tomplete the rest of this for	rm. If you answered "yes	i Xvo
Are you being paid for	or your representation?		☐ Yes	s No
Are you appearing as (If you answered "no question)	s part of your other paid o," STOP; you need no	l duties for this person or org to complete the rest of this fo	ganization? Yes	
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes	S	

•		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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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 _		Signature
		Print Name

Date: 6 - 16 - 09

Registration Statement	COMMITTEE
Diago Print	
Please Print	PLEASE PRINT CLEARLY
Agenda No. 10	Name Tom Walz Address 9501 Plack hawk Rd
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 organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
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 of (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 minutes 3 minutes 3 minutes

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Date	Signature
	Drint Noma

Date: 6/16/109

Registration Statemen	t - Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 💆 [O	Name ALLEN P. SCHUMANN Address 7281 BLACKNAWK RD MIDIXETON, WI 53562
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Op	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," STOP ; you need of who you represent and go on to the no	
Name, address and telephone number of	f each person or organization you are representing:
Are you being paid for your representati	ion? Yes No
Are you appearing as part of your other (If you answered "no," STOP; you need question)	paid duties for this person or organization? Yes No d not complete the rest of this form. If you answered "yes," go on to the next
Information Hea	Common Council) 5 minutes uring 3 minutes 3 minutes

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Date	Signature
	Print Name