		Date: 2 0 (
	CITY OF MAD	ISON	
Registration Statement -	Common Co	ouncil	
Please Print	PLEASE	PRINT NAME CLEARLY	
Agenda No. <u>52/13078</u>	Name	TR. LOON	
	Address	1134 SATILLET	
		MSN 53 703	
Please check the appropriate box:		Discos shoot the appropriate boys	
Trease check the appropriate box:		Please check the appropriate box:	
Support	AND	Wish to speak	
Oppose Noith and Supplies		Do not wish to speak Available to answer questions	
Neither Support Nor Oppos	e		
At this meeting are you representing an organization or a person other than yourself: X 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 eac	h person or organiza	ation you are representing:	
		in the second of	
DEVELOPMENT 1	501 WILLY	ST 256 3527	
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	duties for this perset complete the rest of	on or organization? Yes No of this form. If you answered "yes," go on to the next	
question)			
Speaking Limits: Public Hearing (Corr	nmon Council)5	minutes	

Information Hearing 3 minutes
Other Items 3 minutes

REGISTRATION STATEMENT - PAGE 2

	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.)
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 fithe City-County Building, Madison, for more information)
Date	$\frac{2/3/09}{2}$ Signature // Coon Print Name // R. Look
	1 HILL INGINE

Date: 2/3/09

CITY OF MADISON

Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
52/2010	Name MARHANUE MORTON
Agenda No. <u>52/13078</u>	Address GO SCHILLER CT.
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	Available to answer questions
	B I
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
of who you represent and go on to the next q	
Name, address and telephone number of eac	h person or organization you are representing:
Common	Wealth Development
1501 Wil	liamson 51 256-3527
Matilon,	WI 53703
Are you being paid for your representation?	¥ves □ No
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? Ses 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
Other Items	3 minutes

REGISTRATION STATEMENT - PAGE 2

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Room 103 of	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	2/3/09 Signature Warranne WORTON Print Name MARIANITE MORTON