

Date: 6/28/07

### City of Madison Registration Statement – Madison Election Advisory Committee

You must register before the Madison Election Advisory Committee considers your item

Please Print

Agenda No. 1

Name Tim Gruber  
Address \_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate boxes:

**Support**  
 Wish to speak  
 Do not wish to speak  
 Available to answer questions

**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:  
District 11, City of Madison

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 ..... 5 minutes  
Information Hearing ..... 5 minutes  
Other Items ..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected 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 question.)

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 6/28/07

Signature Tim Gruber  
Print Name Tim Gruber

Date: 6/28/07

### City of Madison Registration Statement – Madison Election Advisory Committee

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Agenda No. 1

Name Brenda Konkel  
Address 511 E Mufflin  
Madison

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- Oppose**
- Wish to speak
  - Do not wish to speak
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\_\_\_\_\_

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_



**Registration Statement - Page 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 6-28-07

### City of Madison Registration Statement – Madison Election Advisory Committee

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Please Print

Agenda No. 1

Name ROSEMARY LEE  
Address 11 W WILSON ST  
MADISON

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- Oppose**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

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\_\_\_\_\_  
\_\_\_\_\_  
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Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 6/28/2007

### City of Madison Registration Statement – Madison Election Advisory Committee

You must register before the Madison Election Advisory Committee considers your item

Please Print

Agenda No. 06493

Name Rolf Rodetfeld  
Address 602 S Thornton Ave  
Madison WI 53703

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- Oppose**
- Wish to speak
  - Do not wish to speak
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Signature \_\_\_\_\_

Print Name \_\_\_\_\_

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Please Print

Agenda No. 1

Name Michael Quieto  
Address 533 W Main #108  
Madison 53703

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- Oppose**
- Wish to speak
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Signature \_\_\_\_\_

Print Name \_\_\_\_\_