		CITY OF MAI	DISON			
Registrat	ion Statement	Common C	Council			
Please Print	4517	COMMITTEE PLEASE I	PRINT CLEAR	LY J	1/ //.	
Agenda No.	24	Name Address	160 ber 360 Mades	W.	Washing W153	ton #PZ12 703
Please check the app Support Oppose Neither St	ropriate boxes: upport Nor Oppose		and ☑ W	ish to s		
(If you answered "no of who you represent	ou representing an organ o, " STOP; you need not t and go on to the next que elephone number of each	complete the rest uestion)	of this form. I	f you ai	nswered "yes,"	No provide the name
, , ,	or your representation?				☐ Yes	□ No
	s part of your other paid o, " STOP; you need not				☐ Yes mswered "yes,'	No on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	омын поэмпейнике Валааап-антиятинен	3 minutes			

Date:

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you that:	are bein	ng 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?
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date _	5/	Signature Robert M. Holloway Print Name Robert M. Holloway

	Date: $3.5.09$
	CITY OF MADISON
Registration Statement -	
Please Print 14517	PLEASE PRINT CLEARLY
	Name Dean Louros
Agenda No. 27	Address 2724 tracum Geo
Moy lax	
Please check the appropriate boxes:	
Support Support	and \(\sum \) Wish to speak \(\sum \) Do not wish to speak
OpposeNeither Support Nor Oppos	Available to answer questions
At this meeting are you representing an organized (If you answered "no," STOP ; you need not who you represent and go on to the next to	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organization you are representing:
•	

☐ No

Yes Yes

Yes

Speaking Limits:

question.)

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

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

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

Are you being paid for your representation?

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you a this form	nswere i. If yo	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question)
If you ar that:	re bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date		Signature
		Print Name

Registration Statement -	Common Council
	COMMITTEE
Please Print	
145 145	PLEASE PRINT CLEARLY
	Name Navy w Fell
Agenda No. 24	Address 3634 Alpihe Rd
	Madism
Please check the appropriate boxes:	
∑ Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
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 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

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? [Yes No
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Dota	5		α	9	
Date:	<u> </u>	`	_		

Registrat	ion Statement	Common Council			
		COMMITTEE			
Please Print	14517	PLEASE PRINT CLEARLY			
Agenda No	Hay	Name M. Ke P. Address IIIO Ru	skin	d	-
Please check the appr	ropriate boxes:				
Support Oppose Neither Su	apport Nor Oppose	and Wish to spe		ions	
(If you answered "no of who you represent	o," STOP; you need not c t and go on to the next qu	ization or a person other than yourself: complete the rest of this form. If you and estion) person or organization you are represen		No provide the nan	ne
Are you being paid f	or your representation?		Yes	□No	
Are you appearing a (If you answered "ne question.)	s part of your other paid of o," STOP; you need not o	luties for this person or organization? complete the rest of this form. If you an	Yes swered "yes,"	No go on to the ne	xt
Speaking Limits:	Information Hearing	non Council) 5 minutes 3 minutes 3 minutes			

Are you a other gov		d official or employee who is appearing solely on behalf of your office or for your municipality or al body? Yes No
		"yes" to the question, STOP. You need not complete the rest of this form, except that you must sign nswered "no" to the question, go on to the next question)
If you are that:	e being	paid for your representation, or if your appearance is part of other paid duties, please be advised
1.		efore you engage in lobbying as a lobbyist, you or your principal must file an authorization ith the City Clerk
2.		our principal is not permitted to authorize you to lobby unless you are registered with the ity Clerk.
3.	pe	your principal spends or will owe more than \$1,000 for lobbying services in any reporting triod (half year), the principal must file expense statements with the City Clerk for the mainder of the calendar year?
		e City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information)
Date		Signature
		Print Name

Registration Statement	Common Council COMMITTEE
Please Print 14517	PLEASE PRINT NAME CLEARLY
Agenda No.	Name David Sparar Address 1842 Janifer St Madison
Please check the appropriate box:	Please check the appropriate box:
Support W/ changes Oppose Neither Support Nor Oppose	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 q	complete the rest of this form. If you answered "yes," provide the name
	h person or organization you are representing: Coperty Tax Exemption Subcomunities Housing Committee
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 person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	umon Council) 5 minutes 3 minutes 3 minutes

Are you ar other gove	n elected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body?
(If you ans this form	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.)
If you are that:	being 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.
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(Please go Room 103	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	<u> </u>	5/5	109	
4.		• •	7	

Registrat		Common C	Jouncil		
		COMMITTEE			
Please Print					
r icaso r inic	1451	PLEASE	PRINT CLEARLY		
		Name	Kristin Rucin	ski	
Agenda No.	77	Address	2355 Unive	isity Ave	4403
			2355 Univer	53726	<u>3</u>
Please check the app	ropriate boxes:				
Support			and Wish to spe		
Oppose			Do not wis	n to speak o answer ques	stions
Neither S	upport Nor Oppose			,	
At this meeting are	ou representing an organiz	ation or a pers	son other than yourself:	Yes	∏⁄No
(If you answered "no	o," STOP; you need not co	mplete the res	t of this form. If you ans	wered "yes,"	provide the name
of who you represen	t and go on to the next ques	stion)			
Name, address and t	elephone number of each p	erson or organ	ization you are represen	ting:	
					•
				* 79751	
	<u> </u>				
Are you being paid	for your representation?			Yes Yes	[X]No
Are you appearing a (If you answered "n question.)	s part of your other paid du o," STOP ; you need not co	ities for this pe complete the re	erson or organization? st of this form. If you an	☐ Yes swered "yes,'	No go on to the next
Speaking Limits:	Public Hearing (Commo				
	Other Items				

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question)
If you a that:	ire beir	ng 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.
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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

Registrat	ion Statement -	Common Council
		for COMMITTEE of Participal and the first of the Committee and Allie and Allie and the Committee and
Please Print	14517	
	14511	PLEASE PRINT CLEARLY
<i>a</i>	/	Name Hannah M Anderson
Agenda No		Address 1832 Howard Pl #101
		Madison W1 53703
		
Please check the app	ropriate boxes:	
Support		and Wish to speak
Oppose		Do not wish to speak
<u> </u>	ipport Nor Oppos	Available to answer questions
,		
(If you answered "no		anization or a person other than yourself: Yes No No et complete the rest of this form. If you answered "yes," provide the name question.
J J 1		
Name, address and to	elephone number of eac	ch person or organization you are representing:
•		
Are you being paid f	or your representation?	☐ Yes ☐ No
Ara vou annearing as	nart of your other naid	I duties for this person or organization? Yes No
		of complete the rest of this form. If you answered "yes," go on to the next
question)		
Speaking Limits:	Public Hearing (Con	nmon Council)5 minutes
	Information Hearing	3 minutes
	Other Items	3 minutes

	n elected official or employee who rnmental body?	o is appearing solely on behalf of your off	ice or for you	r municipality or
	wered "yes" to the question, STO If you answered "no" to the quest	PP. You need not complete the rest of this f ion, go on to the next question.)	orm, except t	hat you must sign
If you are that:	being paid for your representation	on, or if your appearance is part of other	paid duties, _l	please be advised
1	Before you engage in lobbyi with the City Clerk	ng as a lobbyist, you or your principal mu	st file an aut	norization
2	Your principal is not permit City Clerk.	ted to authorize you to lobby unless you	are registered	l with the
3	If your principal spends or v period (half year), the princ remainder of the calendar ye	will owe more than \$1,000 for lobbying secipal must file expense statements with ar?	rvices in any the City Cle	reporting k for the
	o to the City Clerk's website <u>w</u> of the City-County Building, Mad	ww.cityofmadison.com/clerk/index.html or lison, for more information)	go to the	Clerk's Office at
Date	Sig	gnature		
	Pri	nt Name		

Registrat	ion Statement -	Common Council	
		COMMITTEE	
Please Print	-, -1		
1 icaso 1 imi	4517	PLEASE PRINT CLEARLY	
		Name Melissa Me	innia
Agenda No.		Address 2234 Luan	n Lin #208
	·	madison, w	1 53713
Please check the appr	opriate boxes:		
		and Wish to spea	
Oppose		☐ Do not wish ☐ Available to	answer questions
Neither Su	ipport Nor Oppos	se Avanable to	answer questions
(If you answered "no	ou representing an organ," STOP; you need no and go on to the next	anization or a person other than yourself: ot complete the rest of this form. If you answ question)	☐ Yes
Name, address and te	elephone number of eac	ch person or organization you are representi	ng:
<u> </u>			
· · · · · · · · · · · · · · · · · · ·			
Are you being paid for	or your representation?	?	Yes No
(If you answered "no	s part of your other paids," STOP ; you need no	d duties for this person or organization? ot complete the rest of this form. If you answ	Yes No wered "yes," go on to the next
question.)			
Speaking Limits:	Information Hearing	mmon Council)5 minutes 3 minutes 3 minutes	
•	Omer rems	Contraction of the Contraction o	

	lected 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)
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	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: $\frac{5}{5}/5/09$

Registration Statement		
	COMMITTEE	
Please Print 14517	PLEASE PRINT CLEARLY	
	Name Ed Zapala Address 2231 E. Washin	
Agenda No.	Address 2231 E. Washin	, ton Ave #2
	Madison WI	53704
Please check the appropriate boxes:		
Support Oppose Neither Support Nor Oppo	and Wish to sp Do not wis Available	
At this meeting are you representing an or (If you answered "no," STOP ; you need no f who you represent and go on to the next Name, address and telephone number of each	not complete the rest of this form. If you an t question)	swered "yes," provide the name
Are you being paid for your representation	n?	☐ Yes ☐ No
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question)	aid duties for this person or organization? not complete the rest of this form. If you ar	Yes No nswered "yes," go on to the next
Information Hearin	ommon Council) 5 minutes ng 3 minutes 3 minutes	

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
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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 the City-County Building, Madison, for more information.)
Date _	5/5/	Signature Lourd 310 Print Name Edward 2909/a

	Date:	
	CITY OF MADISON	
Registration Statement	Common Council	
	COMMITTEE	
Please Print 1451 7	PLEASE PRINT CLEARLY	
	Name Donna ASIF	
Agenda No. 24	Address 201 N. Blair St. #3	07
	Madison, Wi 5370	, 3
Please check the appropriate boxes:		
Support Oppose Neither Support Nor Oppose 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	nization or a person other than yourself: Yes Solution or a person other than yourself: Yes," provide complete the rest of this form. If you answered "yes," provide the rest of this form.	
Name, address and telephone number of each	n person or organization 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 person or organization? Yes complete the rest of this form. If you answered "yes," go or	No n to the next
	mon Council)5 minutes 3 minutes	

		cted 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 ne City-County Building, Madison, for more information)
Date _	5-5	Signature Some Riff Print Name Donna Asiff

Date: 5 May 09

Registration Statement -	Common C	ouncil		
	COMMITTEE			
Please Print				
महान	PLEASE	PRINT NAME CLE	ARLY	
∂U	Name	But Ly	sperce	2/
Agenda No.	Address	1337 Td	uker	57,
Fix Property Cax		Madwon	Dui	5370
Please check the appropriate box:	ron	Please check th	ie appropria	te box:
Support		☐ Wish to spe	ak	
Oppose	AND	Do not wish		
Neither Support Nor Oppos	e	Available to	answer ques	tions
At this meeting are you representing an orga (If you answered "no," STOP ; you need no of who you represent and go on to the next q	t complete the rest	on other than yourself: of this form. If you answ	☐ Yes wered "yes,"	No provide the name
Name, address and telephone number of each	h person or organi	zation you are represent	ing:	
las origina Ro	solut	ion of co.	mmi	thec
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 question)			☐ Yes wered "yes,"	□ No go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		5 minutes 3 minutes 3 minutes		

Are you an other gover	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
(If you ansv this form I	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are I that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go Room 103 d	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature Print Name
	I THE TARRE

		Date:
	CITY OF MAI	DISON
Registration Statement -	Common C	ouncil
	COMMITTEE	
Please Print 1451 7		PRINT NAME CLEARLY
	Name	NAN CHENEY 404 & Blount # 203
Agenda No	Address	404 & Blount # 203
Please check the appropriate box:		Please check the appropriate box:
Support Support	A 3. T33.	☐ Wish to speak
Oppose	AND	☐ Do not wish to speak☐ Available to answer questions
☐ Neither Support Nor Oppos	e	
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of	t complete the rest	on other than yourself: Yes No of this form If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organi	zation 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 no question.)	_	son or organization?
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	3	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	vered "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)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fifthe City-County Building, Madison, for more information.) Signature
	Print Name

		Date:
	CITY OF MAI	DISON
Registration Statement -	Common C	ouncil
	COMMITTEE	
Please Print 14517	PLEASE	PRINT NAME CLEARLY
	Name	DAVID R. CHENEY
Agenda No	Address	DAVID R. CHENEY 404 S. BLOONT ST
Please check the appropriate box:		Please check the appropriate box:
Support ■		☐ Wish to speak
Oppose	AND	✓ Do not wish to speak✓ Available to answer questions
Neither Support Nor Oppos	e	Available to allswel questions
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 quality Name, address and telephone number of eac	t complete the rest question)	of this form. If you answered "yes," provide the name
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 question)		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items		3 minutes

	lected official or employee who is appearing solely on behalf of your office or for your mun mental body?	
(If you answei this form If yo	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you you answered "no" to the question, go on to the next question)	u must sign
If you are bei that:	eing paid for your representation, or if your appearance is part of other paid duties, please	be advised
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2.	Your principal is not permitted to authorize you to lobby unless you are registered with City Clerk	the
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reportion period (half year), the principal must file expense statements with the City Clerk for remainder of the calendar year?	-
Room 103 of i	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's the City-County Building, Madison, for more information.)	Office at
Date	Signature Print Name	

Registration Statement -	Common Cot	<u>ıncil</u>		
	COMMITTEE			
Please Print 14517	PLEASE PRI	NT CLEARLY		
	Name	Suoy	KAROF N PIN ADISON	SKY
Agenda No. 24	Address	217	N PIN	CKNSY
			ADISO K	I w
Please check the appropriate boxes:				
Support Support	and		peak	
Oppose			ish to speak to answer questi	ons
Neither Support Nor Oppos	e			
At this meeting are you representing an orga	nization or a person o	other than yourself	: Yes	√No
(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 a	nswered "yes," p	rovide the name
• • • • • • • • • • • • • • • • • • •			.•	
Name, address and telephone number of eac	h person or organizat	ion you are represe	enting:	
			<u> </u>	W-871
Are you being paid for your representation?			Yes	∐No
Are you appearing as part of your other paid	duties for this person	n or organization?	Yes	□No
(If you answered "no," STOP; you need no	t complete the rest of	this form. If you d	inswered "yes," g	o on to the next
question)		٠.		
Speaking Limits: Public Hearing (Con	nmon Council)5 r	ninutes		

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you that:	are bei	ng 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?
•	-	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

Registration Stater	nent - <u>Common Council</u>	
	COMMITTEE	
Please Print 14517	PLEASE PRINT CLEARLY	
	,	
7),	Name (Isa Sel	eck
Agenda No.	Address SS S- Co	Ournow Hy
	1141000	27710
	/Values	W4 33119
Please check the appropriate boxes		
Support	and Wish to spe	ak
·=	Do not wish	
Oppose	Available to	answer questions
Neither Support Nor	Oppose	
At this meeting are you representing	ng an organization or a person other than yourself:	☐ Yes No
(If you answered "no," STOP; you	u need not complete the rest of this form. If you ans	wered "yes," provide the name
of who you represent and go on to		
Name, address and telephone num	ber of each person or organization you are represent	ing:
		·
Plant Strip	<u> </u>	
		☐ Yes ☐ No
Are you being paid for your repres	entation?	∐ 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	u need not complete the rest of this form. If you ans	
question.)		
	ring (Common Council) 5 minutes	
	n Hearing 3 minutes	

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
		red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you that:	are bei	ing 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
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(Pleas Room	se go to 103 of	o 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

Registration Statement -	Common Council
	COMMITTEE
Please Print 14517	PLEASE PRINT CLEARLY
	Name Linda Ketcham
Agenda No.	Name Linda Ketcham Address 813 Flora La Madison WE 53714
	Madison WI
	·····································
Please check the appropriate boxes:	
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Support	and Wish to speak Do not wish to speak
Oppose	Available to answer questions
Neither Support Nor Oppose	e
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 uestion)
Name, address and telephone number of each	h person or organization you are representing:
MUM 2300	5. Park Madison 537/
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 question)	duties for this person or organization? Yes No t complete the rest of this form If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

	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
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	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	5/5/01 Signature The Signature Print Name Linda Ketcham