

Date: 6-16-09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

ID# 1491.2

PLEASE PRINT NAME CLEARLY

Agenda No. <u>40</u> <u>Tocora</u>

Name LAURA BROWN

Address 607 PIPER DR

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- 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," provide the name of who you represent and 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? 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 (Common Council)	5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee 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.)

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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?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information)

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Agenda No. 40

PLEASE PRINT CLEARLY

Name Mark Shahan
Address 607 Piper Dr.
Madison WI 53711-1338

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 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," provide the name of who you represent and go on to the next question.)

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CITY OF MADISON

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Agenda No. 40

Name Denise Lamb
Address 4409 Mineral Point 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 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," provide the name of who you represent and go on to the next question.)

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

Midvale Heights Community Assn.
Madison, WI

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.)

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Print Name _____

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Agenda No. <u>40</u>

Name Joseph Lincoln

Address 518 Rushmore Ln
Madison WI

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 organization or a person other than yourself: Yes No
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CITY OF MADISON

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Agenda No. 40

PLEASE PRINT CLEARLY

Name Marla J. Lincoln
Address 578 Rushmore
Madison, WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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PLEASE PRINT CLEARLY

Name Kathleen Cantu
Address 5105 Tocora Lane
Madison, WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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Agenda No. <u>40</u>

Name Melanie Lord

Address 2302 Lakeland Ave.
Madison WI 53704

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. <u>40</u>

Name Pam Haskew

Address 453 Toogstad Glen
57711

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

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

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