

Date: 1/17/06

CITY OF MADISON

Registration Statement - COMMON COUNCIL

COMMITTEE

Please Print

02588

PLEASE PRINT CLEARLY

Agenda No. 32

Name Louis KEK
Address 1575 MONTCLIFF DR.
CUMMING, GA, 30041

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:

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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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?

(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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Signature _____

Print Name _____

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Agenda No. 32

Name AL BROWN
Address 4810 EASTGATE MALL
SAN DIEGO, CA 92121

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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Name TODD ANDERSON

Address 1714 Erie Ct
Madison WI 53704

Agenda No. 32

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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Signature _____

Print Name _____

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CITY OF MADISON

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Agenda No. 32

PLEASE PRINT CLEARLY

Name Pick Smith
Address 2810 Crossroads Dr
Madison, WI 53718

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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Print Name _____

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CITY OF MADISON

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Agenda No. 32

Name PRASAD RAUT
Address 2810 CROSSROADS DR.
MADISON, WI 53718

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:

Are you being paid for your representation? Yes No

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Signature _____

Print Name _____

Date: 1-17-06

CITY OF MADISON

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02588

PLEASE PRINT CLEARLY

Agenda No. 32

Name Bryan Schenker
Address 120 W Gorham St
Madison, WI 53703

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:

Restech Services, 120 W Gorham St, Madison, WI 53703

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:

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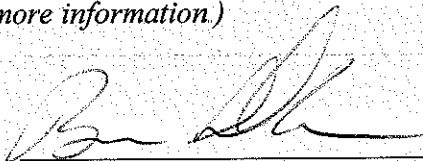
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Date 1-17-06

Signature 

Print Name Bryan Schenker

Date: 4/17/06

CITY OF MADISON

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Agenda No. _____

PLEASE PRINT CLEARLY

Name Mary Bean
Address 404 Tompkins Dr
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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