Date:	2,	/21	107		
		1.4.5			

Registration Statement -	Common Council
Dlana Drive	
Please Print 05139	PLEASE PRINT CLEARLY
	Name PAT ZIMMER
Agenda No. 50	Address KLEIN- DICKERT MILWAUKEE, INC
	1406 EMIL ST MADISON, WI 53713
Please check the appropriate boxes:	MADISON, WI 531B
Support Oppose	and Wish to speak Do not wish to speak
Neither Support Nor Oppos	e Available to answer 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 q	nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name suestion)
	h person or organization you are representing:
KLEIN-DICKERT MILWAUXER	TNC
1406 EMIL ST	
MADISON, WI 53713	
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 t complete the rest of this form If you answered "yes," go on to the next
	mon Council) 5 minutes
Information Hearing Other Items	
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	얼마나도 한 문입하다 하나 얼마나는 이번 수 있는데 하다. 아니라 아니라 생각 등 그 하고, 얼마나 얼마는 문에 들었다. 얼마나 얼마나 하고 있다고, 하는요.		
Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No		
	ed "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 are beinthat:	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 2 /27	1/07 Signature $4/3$		
	Print Name PATRICK RZIMMER		

Date: 2-27-07

Registrati	on Statement -	Common Council
		COMMITTEE
Please Print	~ ~) ? 0	
	95 13 7	PLEASE PRINT CLEARLY
		Name Harold E. Dettinger Ja
Agenda No	> ()	Address 708 Pike Lane
		< \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		24000 V401, WI 2200/
Please check the appro	opriate boxes:	그렇지도 살고 얼굴 살고 얼굴을 하는데 그렇게 살고 있다.
		<u>클로프트 클린트를 하고 한다. 현대 등록 하고 있는 그리고 하는 것은 다른</u>
Support		and Wish to speak Do not wish to speak
Oppose C		A vailable to answer questions
Neither Su	pport Nor Oppose	
		nization or a person other than yourself: Yes No
	••	t complete the rest of this form. If you answered "yes," provide the name
of wno you represent a	and go on to the next q	uestion)
Name, address and tel	ephone number of each	h person or organization you are representing;
Timbernali	and Onion	of Painfers & Allied Trades (DC7, Local 80)
LYMONO	CAVO O HOST	of the the
Are you being paid for	r your representation?	Yes No
Are you appearing as	nart of your other naid	duties for this person or organization? Yes
(If you answered "no,	" STOP; you need not	t complete the rest of this form. If you answered "yes," go on to the next
question)		
Speaking Limits:	Public Hearing (Com	mon Council) 5 minutes
	Information Hearing	3 minutes
	Other Items	3 minutes

	고 있는 하다는 사람들은 소리 나는 그런 하는데 다른데 다른데 하고 있는데 나를 보고 있는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하
Are you an electe other government	d official or employee who is appearing solely on behalf of your office or for your municipality or al body?
	"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 being pethat:	paid for your representation, or if your appearance is part of other paid duties, please be advised
	efore you engage in lobbying as a lobbyist, you or your principal must file an authorization ith the City Clerk.
	our principal is not permitted to authorize you to lobby unless you are registered with the ty Clerk.
pe	your principal spends or will owe more than \$1,000 for lobbying services in any reporting riod (half year), the principal must file expense statements with the City Clerk for the mainder of the calendar year?
	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 <u>2</u> –	27-07 Signature / Week / Williams -
	Print Name Harold E. Dettinger, to.

Date: 02/27/07

Registration Statement -	Common Council
Please Print 05139	PLEASE PRINT CLEARLY
	Name Louie Pody
Agenda No. 50	Address 6200 Gisholf Dr
	Madison WI
Please check the appropriate boxes:	
Support	and Wish to speak
(D) Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	e Available to answer 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 q	nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name nuestion)
Name, address and telephone number of each	h person or organization you are representing:
Plumbers Local 75	
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 t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	amon Council) 5 minutes 3 minutes 3 minutes

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign by 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.
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 of the City-County Building, Madison, for more information)
Date 02	2/27/07 Signature Land
	Print Name Louis Pods

Date: 27-07

Registration Statement	Common Council COMMITTEE
Please Print 05139	PLEASE PRINT CLEARLY
Agenda No.	Name Bike Carey Address 1571 Ivory Dr.
Please check the appropriate boxes:	Sur Prairie WI 53590
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 organ (If you answered "no," STOP ; you need not of who you represent and go on to the next quantity	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion)
	h person or organization you are representing: 1. Dr. Sur Preirie WE 53590
fair-715 / 11 2000 9	
Are you being paid for your representation?	☐ Yes 🗷 Ño
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	mon Council) 5 minutes 3 minutes 3 minutes

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
	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 are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 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 $\partial \partial$	7-07 Signature Milail D Cay
	Print Name Aiclas (D. Carey

Date: Fed 27, 2007

Registration Statement	Common Council
	COMMITTEE
Please Print Q5139	PLEASE PRINT CLEARLY
	Name DAN Burke
Agenda No.	Address 2025 ATWOOD AVE
	Madison WI
Please check the appropriate boxes:	
Support	and ☐ Wish to speak ☐ Do not wish to speak
Oppose Neither Support Nor Oppose	Available to answer questions
	- 학교를 보고 함께 열면 함께 함께 하는 하고 있 <u>는</u> 경험 를 <u>보</u> 고 있었다. 살고
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 qu	complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
LABORER LOCAL 46	
Are you being paid for your representation?	☐ Yes Yo
Are you appearing as part of your other paid of (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
Speaking Limits: Public Hearing (Comm	mon Council) 5 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 b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
	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 the City-County Building, Madison, for more information)
Date Fe b	5 27,2007 Signature War il Worke
	Print Name DANIE BURKE

	CITY OF MAD	ISON
	Common C	ouncil
Please Print 05139	PLEASE P	RINT CLEARLY
	Name	JAMES AVICK
Agenda No. 50	Address	James AVick 1602 S Park St Madian W1 53715
		Madison W1 53715
Please check the appropriate boxes:		
Support Oppose Neither Support Nor Oppose		nd Wish to speak Do not wish to speak Available to answer questions
of who you represent and go on to the next que	omplete the rest stion)	of this form If you answered "yes," provide the name
Name, address and telephone number of each p	the first of the safe and	ation you are representing:
Briklayers & Alland Craftus	orker	
1602 5 PANK St. Madison	Wi 53	715
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid du (If you answered "no," STOP ; you need not co question)	uties for this persomplete the rest	son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Comm- Information Hearing Other Items		3 minutes

Date: 2-27-67

Are you an e other governr	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)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
	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?
	o the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at
Koom 105 oj	the City-County Building, Madison, for more information)
Date 2-2	7-a7 Signature /a
	Print Name Dames A Vick

Date:	2	-2	7-	OB	Α 	:.:	
						-	_

Registration Statement	COMMITTEE
Please Print 05139	PLEASE PRINT CLEARLY
	Name Jeff A. Leckwee
Agenda No. 50	Address 1602 S. PARK ST RM ZOZ
	Madison Wil 53715
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 organ (If you answered "no," STOP ; you need not of who you represent and go on to the next quantity	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
Bricklayers & ALLIED CRA	elmorksv)
1602 S PARK ST RM ZOZ	
MADUON WISC 53715	
Are you being paid for your representation?	☐ Yes
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	amon Council)5 minutes 3 minutes 3 minutes

Are you an el other governr		loyee who is appea	ring solely on behalf of your office or for your municipality or Yes No
	- · · · · · · · · · · · · · · · · · · ·	and the second of the second o	ed not complete the rest of this form, except that you must sign to the next question)
If you are be that:	ing paid for your re	presentation, or if y	our appearance is part of other paid duties, please be advised
	Before you engage with the City Clerk		bbyist, you or your principal must file an authorization
2	Your principal is a City Clerk	not permitted to aut	horize you to lobby unless you are registered with the
3.		the principal mus	nore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
	o the City Clerk's v the City-County Buil	ding, Madison, for n	
Date <u> </u>	4-07	Signature	Jeffry A. Leckwee
		Print Name	Jeffrey M. Leckwee

Date: 2/27/07

Registration Statement	
	ṇ 마시스 (COMMITTEE) 이는 아시아 시작되는 것은 마시스를 받는 것이 되는 것이 있다고 있다는 것이다.
Please Print OS739	PLEASE PRINT CLEARLY
	Name <u>Leonard Shelton</u>
Agenda No. 50	- Address 47025, Biltmore Lane
	madison Wis. 53718
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Opp	and ☐ Wish to speak ☐ Do not wish to speak ☐ Do answer questions
	organization or a person other than yourself: Yes No not complete the rest of this form If you answered "yes," provide the name ext question)
Name, address and telephone number of	each person or organization you are representing:
Internation Onzor	of Operating Engineers Incal 139
4702 5. 3	of Operating Engineers local 139 iltmore Lane, Mad. Wis. 53718
Are you being paid for your representation	on? Yes No
	paid duties for this person or organization? Yes No I not complete the rest of this form. If you answered "yes," go on to the next
Information Hear	Common Council) 5 minutes ing 3 minutes 3 minutes

	사회 경기는 전 사람들이 하는 사람은 회사는 사람들이 되는 것이 되었다. 그는 사람은 얼마가 되었다.
Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
and the second s	ed "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 are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 2	127/07 Signature
	Print Name Leonard Shelton

Date: $\frac{2}{27/07}$

Registratio	on Statement	Common Council		
Please Print	05139	PLEASE PRINT CLE		
Agenda No	O	Name By Address 40	NIAN MITCHELL 3 Troy AD al	
Please check the appro	priate boxes:			
Support Oppose Neither Sup	pport Nor Oppos		Wish to speak Do not wish to speak Available to answer questions	
At this meeting are you (If you answered "no, of who you represent a	" STOP; you need not	nization or a person other the complete the rest of this for uestion)	an yourself: Yes \ \ \ No rm. If you answered "yes," provide the nan	пе
		ı person or organization you	ı are representing:	
MITCH	11 CONS.	TAVETION		
				<u></u>
Are you being paid for	your representation?		☐ Yes ☐ No	
Are you appearing as a (If you answered "no, question)	part of your other paid "STOP; you need no	duties for this person or org complete the rest of this for	ganization?	ext
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		DE 사고 알으로 빨리하다는 것같습니다.	

	있는 하다는 이 사람들은 사람들은 학생들은 등로 하는 것은 것이 되었다. 그는
Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
(If you answe this form If y	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 are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go to Room 103 of t	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the Clerk's Office at the Clerk's Office at the City-County Building, Madison, for more information.)
Date $\frac{2}{}$	27/07 Signature M. M.
	Print Name Brinal Mirchell

Date: 2/27/07

ixeyistiati	to a contract to the contract of the contract	OMMITTEE			
Please Print	05139	PI FASE P	RINT CLEARLY		
			O A L.		
	★ 13 (1) (1) (2) (2)	Name	Kyan Och the	/	
Agenda No. 50		Address _	3	# 47C	025. Biltmor
				4.6	Medison
					53
Please check the appro	opriate boxes:				
(Z) Sunnowt		9	and 🔯 Wish to s	neak	
Support Oppose				sh to speak	
= **	pport Nor Oppose		☐ Available	to answer que	stions
	ou representing an organiza				□ No
	" STOP; you need not con and go on to the next quest		of this form If you ar	iswered "yes,"	'provide the name
oj wno you represent	and go on to the next ques				
Name, address and tel	ephone number of each pe	erson or organiz	ation you are represe	nting:	
Total Mais	a of Operating	-	Jac 1 130	7	
Jan Come	a of Opening	Instracts	vous 10		
Are you being paid fo	r your representation?			Yes Yes	No
	part of your other paid dut			Yes	No No
(If you answered "no, question)	" STOP; you need not con	mplete the rest	of this form. If you a	nswered "yes,	" go on to the next
Speaking Limits:	Public Hearing (Commo	n Council) 5	minutes		
	Information Hearing		minutes		
	Other Items		minutes		

Are you an el other government	lected 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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. –	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 $\hat{\omega}$	2/27/67 Signature Agan Phillip
	Print Name Ryan Dehlhot

Date: <u>2/27/07</u>

Registrat	ion Statement -	Common Co	uncil		
		COMMITTEE			
Please Print					
	05139		RINT CLEARLY		
		Name _	scott Va	ugha	
Agenda No.		Address	BUILDING AND	CONSTRUCTION	
				COUNCIL OF	
				RAL WISCONSIN	
Dlagga about the own	omrioto hovoor			k St. Room 204 ı, WI 53715	
Please check the appr	opriate boxes:		IVIAUISUI	1, 441 007 10	
Sunnart		ar	d Wish to spe	eak	
Support			Do not wis		
Oppose				o answer questions	
Neither Su	pport Nor Oppose	e			
			16	Yes No	
At this meeting are yo	ou representing an orga	nization or a person	other than yourself:		
1 3 .	- 15	_	t this form. If you ans	swered "yes," provide th	e name
of who you represent	and go on to the next q	uestion)			
Name address and to	lanhana number of agai	h narsan ar aranniza	tion von ere represen	ting	
Name, address and te	lephone number of each	ii person or organiza	tion you are represen	ing.	
	BUILDING AND CONS TRADES COUNC	IL OF			
	SOUTH CENTRAL W	ISCONSIN			
	1602 S. Park St. Ro	oom 204			
1007	Madison, WI 53	3/15			
Are you being paid for	or your representation?			Yes No	
.		duting for this marge	n or organization?	Yes No	
Are you appearing as	part of your other paid	t complete the rest of	n oi oigamzauon: Ethis form H vou an	swered "yes," go on to t	ho nort
question)	, SIOF, you need not	i compiete the rest of	j inis jorni 1) you an	swereu yes, go on to t	ne nexi
question					
Speaking Limits:	Public Hearing (Com	mon Council) 5	minutes		
	Information Hearing				
	Other Items				
		and the contract of the contra			

Are you an eleother governm	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 are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 $\frac{2}{\sqrt{2}}$	127/07 Signature Seath Varybr
	Print Name Scott Vaughy

Date: 2/27/07

Registration Statement -	Common Council
- '' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985) - ' (1985)	
Please Print 05139	PLEASE PRINT CLEARLY
	Name RICHARD L. SKAIFE
Agenda No. <u>50</u>	Address 4290 HOEPKER ROAD
	MADISON, WI, 53704
Please check the appropriate boxes:	
Support	and ☑' Wish to speak
Oppose	☐ 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	anization or a person other than yourself: Yes No it complete the rest of this form. If you answered "yes," provide the name question.)
	ch person or organization you are representing:
MONONA MASONRY, IN	
4290 HOEPKER ROAD	
MADISON, WI 53704	608/249-7686
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)	I duties for this person or organization? Yes No No st complete the rest of this form. If you answered "yes," go on to the next
	nmon Council)5 minutes
	minutes minutes
	"我们的一条","我们我们,我们就是一把我们,我们就有一起,我们就是这里的,我们就是一个一个大大的,还是这个一个。"

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form If y	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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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 t Room 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 $\frac{2}{2}$	7/07 Signature Ochan & State
	Print Name RICHARD L. SKAIFE

Date: 27-07

Registration Statement -	Common Council
Please Print	저가는 말을 통하는 하는 것은 사람들은 사용 그를 받는 것이 없었다.
05139	PLEASE PRINT CLEARLY
	Name Thomas E. Fisher
Agenda No. 50	Address 2025 Atwood Ave.
	Address $\frac{3023}{M}$
	Madison, Wi. 53704
Please check the appropriate boxes:	
rease theek the appropriate toxes.	
Support Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppos	se
At this meeting are you representing an arg	anization or a person other than yourself: X Yes \(\sum \) No
(If you answered "no," STOP; you need no	ot complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next	
Name address and talanhana number of as	ch person or organization you are representing:
•	
Construction +	General Laborers Local Union 464
2025 Atwood	
\sim 0	
Madison, Wi	. 53704
Are you haing noid for your conceentation	? Yes ∑ Avo
Are you being paid for your representation	
Are you appearing as part of your other pai	
	ot complete the rest of this form If you answered "yes," go on to the next
question)	
	mmon Council)5 minutes
	g 3 minutes
Other items	3 minutes

Are you an el other governr	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 are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 2-	27-07 Signature Chamas Etush
	Print Name Thomas E. Fisher

Date: 2/27/07

Registration Statement -	COMMITTEE
Please Print 05139	PLEASE PRINT CLEARLY
50	Name BRUCE COLEMAN Address 10728 SOUTH 92.1 St
Agenda No.	Address 10728 South 72.4 SV
	Franklin, Wl. 53132
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 uestion)
Heat & Fros	t Insulators Local #19 3155 Roundy Drive
N27 W2	3155 Roundy Drive
Pewankee,	WI
Are you being paid for your representation?	☐ Yes ☐ Mo
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

化二甲基甲基苯甲基甲基甲基甲基甲基	,就是这个一个家庭,就是这个女子的女子,我们还是我们的人们,没有的女子,这一个女子,就是这个女子,我们也不是不知识,这个女子,我们也不是不是,我们就是这个女子,
Are you an el other governn	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 are bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 2	127/07 Signature Alleleman
	Print Name Bruce A - Coleman

Date: 21270^{-2}

Registration Statement	COMMITTEE
Please Print OS139	PLEASE PRINT CLEARLY
Agenda No.	Name Lary State Address 7352 Durlin Court Dane W 53589
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," STOP ; you need not of who you represent and go on to the next qu	~
사는 회문 회사장사 그림을 그리면서 그녀	en person or organization you are representing:
7352 Darlin	20UT
Dane W. 535	
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

Are you an ele	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 are beir that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
	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 to Room 103 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information.)
Date 2/2	Signature Frint Name Signature Avy 6547

Date: $\frac{2}{27}$ /07

Registration Statement	Common Council
Please Print	
Please Print 05139	PLEASE PRINT CLEARLY
	Name Mark Reihl
Agenda No.	Address 115 W. Mach St
	Madison 53703
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions
(If you answered "no," STOP; you need not	nization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name
of who you represent and go on to the next qu	uestion)
Name, address and telephone number of each	n person or organization you are representing:
Mis State Course	ail of Carpenters 256-1206
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

Are you an e other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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?
	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 _ 🔾	122/07 Signature Mad 5 Bell
	Print Name Mark Beill

Date: $\frac{\partial}{\partial 7}$

Registration	Statement - Comr	mon Council
Please Print	5139 P	LEASE PRINT CLEARLY
Agenda No. 50	N	Jame Bell Volkman Address 4610 Femrite Drive Wadson WF 53116
Please check the appropri	iate boxes:	and Wish to speak
Oppose	ort Nor Oppose	✓ Do not wish to speak✓ Available to answer questions
(If you answered "no," S	epresenting an organization of TOP; you need not complete l go on to the next question)	r a person other than yourself: Yes No the rest of this form. If you answered "yes," provide the name
		or organization you are representing: ng Coatings Rostoration CLC
Are you being paid for you		☐ Yes ☑ No
Are you appearing as par (If you answered "no," Squestion)	t of your other paid duties for STOP; you need not complete	this person or organization? Yes No the rest of this form. If you answered "yes," go on to the next
lr	ublic Hearing (Common Count of ormation Hearing	

	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 are b that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 3	27/07 Signature Willin Voltum
	Print Name William Volkman

Date: $\frac{2}{27/07}$

Registratio	n Statement	Common Council
Please Print (25139	PLEASE PRINT CLEARLY
		그들은 아픈 그림으로 가는 그는 그들은 🚕 그는 그를 보는 그들은 그 사이를 모으셨다. 그는 그를 보냈다.
$\mathcal{C}_{\mathcal{C}}$		Name Jeff Mehrhoff
Agenda No.		Address 6920 Century AVE
		Address Cog 20 Century AVE Middleton WI 53567
Please check the approp	oriate boxes:	
Support		and Wish to speak
Oppose		Do not wish to speak Available to answer questions
☐ Neither Sup	port Nor Oppose	
At this meeting are you	representing an organi	zation or a person other than yourself: Yes No
(If you answered "no," of who you represent a	STOP; you need not c	omplete the rest of this form If you answered "yes," provide the name
		person or organization you are representing:
Manters & C	allied Trad	les District Council
		일을 하는데 시간을 하는다는데 하는 없는데 하는데 하는데 하는데 하는데 하는데 없었다.
		☐ Yes ☐ No
Are you being paid for	your representation?	
Are you appearing as p	art of your other paid d	uties for this person or organization? Yes No
(If you answered "no," question)	STOP; you need not d	complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Comm	non Council)5 minutes
	Information Hearing	minutes 3 minutes
	Other Items	3 minutes

Are you an e other governs	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk		
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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 the City-County Building, Madison, for more information.)		
Date $2/2$	7/07 Signature JM Mehrhol		
	Print Name <u>Jeff nehrhöff</u>		

Date: 3-27-07	
---------------	--

Registration Statement	Common Council
Please Print 05139	PLEASE PRINT CLEARLY
	Name ROBERT L. CANSON
Agenda No. 50	Address RO.Box 396
	BURLINGTON, WI. 53105
Please check the appropriate boxes:	
Support□ Oppose□ Neither Support Nor Oppose	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
(If you answered "no," STOP; you need not	nization or a person other than yourself: \ \ Yes \ \ No complete the rest of this form. If you answered "yes," provide the name uestion.) ROAD SPLINKLER FITTERS LU. 669
Name, address and telephone number of each	
KOAD SPRINKLER FITTERS	U.A. LOCAL 669
PO Box 396 BURLINGTO	0, WI. 53105
OFFICE# (262) 767-9402	
Are you being paid for your representation?	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 X 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

Are you an el other governm	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 on answered "no" to the question, go on to the next question)
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 <u>L-Z</u>	7-07 Signature Roselt h. Chara

Date: 2/27/07

Registrati	ion Statement	Common Counci	I		
J	_	COMMITTEE			
Please Print	05139	PLEASE PRINT C	LEARLY	·	
		Name	rian Tan	ner	
Agenda No.	00	Address 9	29 E Joh	ner unson Str	
					· · · · · · · · · · · · · · · · · · ·
Please check the appr	opriate boxes:				
Support Support		and [Wish to speak	1	
Oppose			Do not wish to Available to an		
Neither Su	pport Nor Oppose	•			
(If you answered "no of who you represent	," STOP; you need not and go on to the next q	nization or a person other complete the rest of this fuestion) n person or organization years.	form If you answer		
	÷				
Are you being paid for	or your representation?			☐ Yes XN	ō
Are you appearing as (If you answered "no question)	part of your other paid," STOP; you need not	duties for this person or o complete the rest of this	rganization? form If you answer	☐ Yes XN red "yes," go on	o to the next
Speaking Limits:	Public Hearing (Com	mon Council) 5 minute	es		
		3 minute 3 minute			

Are you an el other governn	lected 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 are bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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	27/07 Signature The Strian J Janner Print Name Brian J Janner

Date: 0/26/07

Registrati	on Statement -	COMMITTEE	Oulicii			
Please Print	05139	PLEASE P	RINT CLEARLY			
Agenda No.	50	Name Address	Michelle 3404 TA Madisos	Oyam Ny Ito WTS	LAUP	
Please check the appr	opriate boxes:					
Support Oppose	pport Nor Oppos		nd ☐ Wish to spo Do not wis ☐ Available t		stions	
(If you answered "no,	ou representing an orga "STOP; you need no and go on to the next o	t complete the rest	n other than yourself: of this form. If you ans	☐ Yes swered "yes,"		ате
Name, address and tel	ephone number of eac	ch person or organiz	ation you are represen	ting:		
	Kopas Dr	YWALL TNO	4906 7	Finnite	Dr MAC	1.562
	Orland Ro) 1000 U82	4906 7 55 8 (laylo)	Rd Mc	distal	537/L
					537	1997
Are you being paid fo	r your representation?			[] Yes	D√No	
Are you appearing as (If you answered "no, question)	part of your other paid "STOP; you need no	d duties for this person to complete the rest	on or organization? of this form If you an	☐ Yes swered "yes,'	No go on to the	next
Speaking Limits:	Public Hearing (Con Information Hearing					

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
The second of th	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 he City-County Building, Madison, for more information.)
Date $\frac{2}{2}$	26/07 Signature Sall
	Print Name Mille 1 Oyonam

N.

Date: 2-27-07

Registration Statement -	Common Council
Please Print 05139	PLEASE PRINT CLEARLY
	Name Scott A Riley
Agenda No. <u>5</u>	Address 400 Lincoln 1st
	Address 400 Lincoln 1st Verona, WI 53593
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	✓ Do not wish to speak ☐ Available to answer questions
☐ Neither Support Nor Oppos	⁴⁸ 마음 이 10 등을 보시하는 이 10 등을 하는 사람이 되었다. 그는 시간에 되었다는 것 같습니다. 10 등이 15 등을 하는 사람들은 물론을 하는 것 같습니다.
	anization or a person other than yourself: \(\square \text{Yes}\) \(\square \text{No}\) \(\delta\) complete the rest of this form. If you answered "yes," provide the name question.)
	ch person or organization you are representing:
E-Z Plumbing Ci	
Are you being paid for your representation?	☐ Yes ☐ No
	I duties for this person or organization? Yes Ano to 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

Are you an el other governn	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 2-	27-07 Signature Set 14 (1)
	Print Name Scott A Riley
	도로 있다는 보는 말 수 있는 그 회사가 하는 사람들들은 고급하는 그 그리는 어디를 🖊 하는 말을 다하는데 그는

Date: 2.27.07

Registration Statement -	Common Council COMMITTEE
Please Print 05139	PLEASE PRINT CLEARLY
	Name LISQ Parks
Agenda No. 50	Address 4601 Monona Dr #102
	Monona, W1
Please check the appropriate boxes:	
Support Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppo	SC 실어가는 그는 그 물을 하는 것으로 가는 것으로 하는 것으로 가는 것 일본 사용을 가는 것으로
At this meeting are you representing an org (If you answered "no," STOP; you need not of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ch person or organization you are representing:
Decoration a Maline	fed Inc
4001 Mondra Dr #1 Mondra WI 53	772
Painter Local 800.	-1602 5 Park St Madeson
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pai (If you answered "no," STOP; you need n question)	id duties for this person or organization? Yes No ot complete the rest of this form If you answered "yes," go on to the next
	mmon Council) 5 minutes g 3 minutes 3 minutes

Are you an ele	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)
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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 inform ation.)
Date <u> </u>	Signature BOOKS Print Name LSA POWKS

MM

Date: 2-27-07

Registration Statement		
Please Print 05139	PLEASE PRINT CLEARLY	
	Name Adam Chattee	
Agenda No.	Address 1602 5, Park 5+	
	Madison, Wi Ironworker=	
Please check the appropriate boxes:	Local #383	
✓ Support☐ Oppose☐ Neither Support Nor Oppo	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions DSE	
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 and the same of the sam	ach person or organization you are representing: LOCA #383, Madison, Wi-	
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 to question)	tid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next	
	ommon Council)5 minutes ng	

Are you an el other governn	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 are beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised	
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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 the City-County Building, Madison, for more information)	
Date Z	2707 Signature <i>Man MM</i>	
	Print Name Aday Chaffee	

	Date: $2-27-07$
	CITY OF MADISON
Registration Statement	Common Council
Please Print 05139	PLEASE PRINT CLEARLY
	Name MIKE FRIDLY Address 1602 5. PARK 5T. MADISON, WI 53715
Agenda No. 50	Address 1602 S. PANK ST.
	MADISON, WI 53715
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 organic (If you answered "no," STOP; you need not of who you represent and go on to the next que	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
BRICKLAYERS OFFILED CRAFTWO	nkes
1602 S. PANK ST.	
1602 S. PANK ST. MADISON, WI 53715	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid d (If you answered "no," STOP; you need not a question)	uties for this person or organization? Yes No complete the rest of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Comm	non Council) 5 minutes 3 minutes

Other Items 3 minutes

	relected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
The state of the s	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	
	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?	
	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 2-2	1-07 Signature Yull Full Print Name MIKE FRIDLY	
	Print Name MIKE FRIDLY	

Date: 2 -27-07

Registrati	on Statement	Common Council
		COMMITTEE
Please Print	05139	PLEASE PRINT CLEARLY
		Name John WAthews
Agenda No		Address 2025 At wood Are
		Med uson 53704
Please check the appr	opriate boxes:	
Cumant		and Wish to speak
Support Oppose		Do not wish to speak
	pport Nor Oppose	Available to answer questions
		-stime and margar other than yourself:
(If you answered "no,	ou representing an organic." STOP ; you need not co	zation or a person other than yourself: Yes No omplete the rest of this form If you answered "yes," provide the name
	and go on to the next que	
Name, address and tel	ephone number of each r	person or organization you are representing:
	Local 412	
Are you being paid fo	r your representation?	☐ Yes ☐ No
Are you appearing as (If you answered "no, question)	part of your other paid du "STOP; you need not co	uties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Comm	on Council) 5 minutes
	Information Hearing Other Items	3 minutes 3 minutes

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
	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 are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
	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 2-	37-07 Signature Al Mall
	Print Name John MATHEMS

	Note: Date:
	CITY OF MADISON
Registration Statement -	- Common Council
	COMMITTEE
Please Print 05139	PLEASE PRINT CLEARLY
	Name Tom Ben 15h
Agenda No. <u>50</u>	Address 5202 Monument-LN MALISON, WI 53704
	mAdIson, wi 53104
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppo	(SC) 그리고 말을 하는데 말을 하는데 그리고 말을 하고 말라고 있는데 말라고 말라고 있다. 그리고 있다. [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
At this meeting are you representing an orgoing for answered "no," STOP; you need not who you represent and go on to the next	ganization or a person other than yourself: Yes No not complete the rest of this form If you answered "yes," provide the name t question)
Name, address and telephone number of ea	ach person or organization you are representing:
WHREE TOMB	benish Council OF CArpenters
5) A MARLAN A LA	17714 buestman way
Java Limer Crisco	my the form way
Are you being paid for your representation	n? No
Are you appearing as part of your other pa (If you answered "no," STOP; you need n question)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	ommon Council) 5 minutes ng 3 minutes 3 minutes

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
The second secon	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 are beinthat:	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 $2 - \lambda$)-07 Signature TimBeruch
	Print Name Tom Berish

Date: $\frac{2/27/07}{}$

Registration Statement -	Common Council
Please Print	
Please Print 05139	PLEASE PRINT CLEARLY
	Name Brad Statz
Agenda No	Address Zollo Continental lane
	Cross Plenns wt 53528
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	✓ Do not wish to speak✓ Available to answer questions
Neither Support Nor Oppos	
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 of this form. If you answered yes, provide the name
Name, address and telephone number of each	ch person or organization you are representing:
Statz + Harrop	남자들이 얼마는 하는데 나는 사람들이 하는 것들은 하는데 그 하는데 하는데 하는데, 그는데,
Z230 Pinchurst Dr	化油油油 经保险 医电影 化二氯基甲基甲基甲基甲基乙基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
Middleton WI 5352	8 608 831 -66661
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.)	I duties for this person or organization? Yes No No of complete the rest of this form. If you answered "yes," go on to the next
	nmon Council) 5 minutes 3 minutes 3 minutes

Are you an el other governn	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 are bei that:	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	
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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)		
Date <u></u>	Signature Bush Print Name Broof States	

Date: FEB. 27, 2007

Registrati	on Statement	Common Council
Please Print	D5139	PLEASE PRINT CLEARLY
	0	Name SAMES F. Miller
Agenda No.		Address 1201 Post FOAD MADISON, W. 537/3
Please check the appr	opriate boxes:	
Support Oppose Neither Su	pport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no,	ou representing an orga "STOP; you need not and go on to the next q	nization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name uestion)
Name, address and te	lephone number of each	h person or organization you are representing: OPCM14 599
1 JUSTEN	z o centr	ENT HIJASONS OF CHILLIAN
Are you being paid fo	r your representation?	☐ Yes ZNo
Are you appearing as (If you answered "no question)	part of your other paid "STOP; you need not	duties for this person or organization? Yes XNo to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	amon Council) 5 minutes 3 minutes 3 minutes

Are you an e other govern	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
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(Please go to Room 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 Feb	27,2007 Signature Janes FMiller
	Print Name

Date: Jeb. 27 2007

Registration Statement -	Common Council COMMITTEE
Please Print 05139	
	PLEASE PRINT CLEARLY
	Name MARK J. HERRMANN
Agenda No.	Address 1314 N. STOUGHTON RD.
	MADISON, Wi. 53714
Please check the appropriate boxes:	마리 마음 보다 보고 있다. 그런
✓ Support	and Wish to speak
Oppose	✓ Do not wish to speak
Neither Support Nor Oppos	Se Available to answer questions
(If you answered "no," STOP ; you need no of who you represent and go on to the next of	anization or a person other than yourself: Yes No nt complete the rest of this form If you answered "yes," provide the name question) the person or organization you are representing:
TEAMSTERS UNION h	OCAL NO. 695
	CONNEIL of 5. CENTRAL Wis.
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)	I duties for this person or organization? Yes 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 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 $2-2$	
	Print Name MARKS J HERR MANN

Date: 2/27/07

Registration St	atement - Comm	on Council
Please Print	139 PLE	EASE PRINT CLEARLY
Agenda No. 50	Nar Ado	me JOE JAZDZIEWSKI dress 1571 DUORY Dr SUM PRAYLIE, WI 53590
Please check the appropriate l		<u> </u>
Support Oppose Neither Support	Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you represent of who you represent and go of	P; you need not complete th	a person other than yourself: Yes No he rest of this form If you answered "yes," provide the name
		organization you are representing:
Are you being paid for your re	epresentation?	☐ Yes 🕅 No
Are you appearing as part of y (If you answered "no," STOI question.)		his person or organization? \[\begin{aligned} \text{Yes} \text{Y No} \\ \text{he rest of this form If you answered "yes," go on to the next} \end{aligned}
Inform	Hearing (Common Counc nation Hearing	3 minutes

Are you an el other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	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 are bei that:	ing 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 the City Clerk.
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(Please go to Room 103 of t	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 2	27/27 Signature Some agle
	Print Name JOSEAN DAZOZEWSEN

Date: 2/27/07

Registration Statemen	t - Common Council
Please Print 05139	PLEASE PRINT CLEARLY
Agenda No. 50	Name James Dederich Address 4607 Winnequal Rd Mononey W 53716
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Opp	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions pose
	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name ext question)
Name, address and telephone number of	each person or organization you are representing:
EZ Plumbing	
Are you being paid for your representation	on? ☐ Yes ☑ No
	paid duties for this person or organization? Yes You answered "yes," go on to the next
	Common Council) 5 minutes ing 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
. •	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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2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
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· · · · · · · · · · · · · · · · · · ·	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 $\frac{2}{2}$	27/07 Signature Junkbolerie
	Print Name James Declevich

Date: 02 - 27 - 07

Registration Statement	Common Council
	COMMITTEE
Please Print 0513 9	PLEASE PRINT CLEARLY
	Name Jim Cavanaugh
Agenda No.	Address 5314 Kingsbridge Rd Madison
	madison
Please check the appropriate boxes:	
	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	Available to answer questions
	nization or a person other than yourself: \(\sqrt{Yes}\) Yes \(\sqrt{No}\) No complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and telephone number of each	person or organization you are representing:
South Central	Federation of Lahor
1602 S. Par,	Federation of Labor K St. #228 53715
madison 3	537/5
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
Speaking Limits: Public Hearing (Comm	mon Council) 5 minutes
Information Hearing Other Items	3 minutes

Are you an eleother governm	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 are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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 💆 🔿 -	-27-07 Signature James A Careanaces 6 Print Name Jim Cavanaugh		
	Print Name JiM Cavanaug M		

Date: 2-27-07

Registration Statement	Common Council COMMITTEE
Please Print 05139	PLEASE PRINT CLEARLY
Agenda No. 50	Name DANETH CUTE Address 3301 Leopold Way # 103 Fitch burg 53713- Telf. 513-5863
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 organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
# 1'SEIV' Local 1 Mas	lison 1421 Sout park st. Suite 201 53715
Telf. 257-0065	
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
	mon Council) 5 minutes 3 minutes 3 minutes

Are you an electory other governme	eted 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 are being that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
The state of the s	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
	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 e City-County Building, Madison, for more information)
Date <u>9 -</u> 2 =	7-02 Signature Landy
	Print Name JAWETH CUTI.

Date:	2-	2] -	0)

Registration Statement	COMMITTEE
Please Print 05739	PLEASE PRINT CLEARLY
Agenda No. BUC #50	Name SOE WINEVE Address NAME NAM
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose 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 quantum Name, address and telephone number of each	nization or a person other than yourself: Complete the rest of this form. If you answered "yes," provide the name lestion)
Are you being paid for your representation? Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.)	Yes No 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

·-	·
Are you an elected official or employed other governmental body?	ee who is appearing solely on behalf of your office or for your municipality or Yes No
(If you answered "yes" to the question this form. If you answered "no" to the	n, STOP. You need not complete the rest of this form, except that you must sign question, go on to the next question)
If you are being paid for your representat:	entation, or if your appearance is part of other paid duties, please be advised
1 Before you engage in I with the City Clerk	lobbying as a lobbyist, you or your principal must file an authorization
2 Your principal is not p City Clerk	permitted to authorize you to lobby unless you are registered with the
	ds or will owe more than \$1,000 for lobbying services in any reporting e principal must file expense statements with the City Clerk for the dar year?
(Please go to the City Clerk's webs Room 103 of the City-County Building	site <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at g, Madison, for more information)
Date 2 - 2 / 6 /	Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Print Name