ID# 12596

Date: \$\langle \subseteq \langle \lang

Registrat	ion Statement	Common C	ouncil	
Please Print		PI FASI	PRINT NAME CLEARLY	
		Name	William 16H	Won_
Agenda No.	<u> </u>	Address	1014 Williams	2- HZ
Cinfen			malism 52	70>
Please check the app	propriate box:		Please check the app	ropriate box:
☐ Support			¶ Wish to speak	
Oppose		AND	Do not wish to spe	
	pport Nor Oppose		Available to answe	
	and go on to the next que		zation you are representing:	
Are you being paid for	or your representation?			Yes No
Are you appearing as (If you answered "no question)	part of your other paid do," STOP; you need not d	uties for this per complete the resi	son or organization? of this form. If you answered	Yes \[\] No "yes," go on to the next
Speaking Limits:	Public Hearing (Comm	non Council)	5 minutes	
	Information Hearing		3 minutes	
	Other Items	######################################	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? Yes No
(If you answer this form If yo	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:	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?
	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

Date: 05-05-09

Registration Statement -	Common Council	
그 한 하루막은 호텔 관심하는 하는데	COMMITTEE	
Please Print		
	PLEASE PRINT CLEARLY	
	Name KOSEMAR	y LEE
Agenda No. # 102	Name OSEMAR Address W. W. W.	COA #108
(1211 10.)	MADISON	
- c sogew	III AOS GO HI	32 p
Please check the appropriate boxes:		
Support	and Wish to s	sh to speak
Oppose Neither Support Nor Oppose	Available	to answer questions
Neither Support Not Oppose		
At this meeting are you representing an organ	nization or a person other than yourself:	Yes No
(If you answered "no," STOP ; you need not of who you represent and go on to the next quantity		iswered "yes," provide the name
oj wno you represent ana go on to the next q	uestion)	
Name, address and telephone number of each	h person or organization you are represe	nting:
		· · · · · · · · · · · · · · · · · · ·
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		
question)		
Speaking Limits: Public Hearing (Com	mon Council) 5 minutes	
	mon comicny minuco	
Information Hearing	3 minutes 3 minutes	

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or I Yes No
	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
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 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

	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 02	Name El Lorystreth Address 218 5 Passet St #308
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	마스 마스 (1986년) 10년 1월 12일 시민 (1982년) 12일 - 12일
of who you represent and go on to the next q Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	Yes No
question.) Speaking Limits: Public Hearing (Com- Information Hearing.	duties for this person or organization? Light complete the rest of this form. If you answered "yes," go on to the next named council)

The little being a letter the little between the little being a little between the little

		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 that:	ı are b	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.
	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?
(Plea. Room	se go i 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

	Date: 5-5-09
	CITY OF MADISON
Registration Statement -	Common Council
D1	
Please Print	PLEASE PRINT NAME CLEARLY
	Name Anita Arenson
Agenda No. 102	Address 439 West Dayton #2
	madison, W
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
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	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☑ No

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

Yes

	n elected of ernmental bo		ee who is appeari	ing solely on beha	ılf of your office or for ☐ Y	
				ed not complete th to the next questio	e rest of this form, exc n)	ept that you must sign
If you are that:	being paid	for your repres	entation, or if yo	our appearance is	part of other paid dut	ies, please be advised
1.		you engage in ne City Clerk	lobbying as a lob	byist, you or you	principal must file an	authorization
2	Your City C		permitted to auth	orize you to lobb	y unless you are regis	tered with the
3.	period		e principal must		or lobbying services in the city	
				nadison.com/clerk ore information)	<u>'index.html</u> or go to i	the Clerk's Office at
Date	5-5-0	9	Signature	with	any	2
			Print Name	Anita A	lrenson	

Date: 5/5/29

Registration Statement	Common Council	
	COMMITTEE	
Please Print		
	PLEASE PRINT CLEARLY	
	Name HALLERR	ANOVA
Agenda No	Name PAUL TERR Address 1236 SPAIG	HT ST #2
	MADISON	WI 53703
	가족 시험 작업적으로 하다는	
Please check the appropriate boxes:		
Support	and Wish to spea	k
Oppose	Available to	to speak answer questions
Neither Support Nor Oppose		
At this meeting are you representing an organ	ization or a person other than yourself:	☐ Yes No
(If you answered "no," STOP; you need not of who you represent and go on to the next qu		ered "yes," provide the name
, , .		
Name, address and telephone number of each	person or organization you are representi	ng:
		<u> </u>
•		
Are you being paid for your representation?		Yes No
A se very apparing as	or this person or organization?	☐ Yes 【XÎNo
Are you appearing as (If you answered "no	ete the rest of this form. If you answ	
question)		
Speaking Limits:	ouncil) 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? 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 that:	are be	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
	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 f the City-County Building, Madison, for more information)
Date		Signature
		Print Name

Date: 05/05/2009

Registration Statement	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Erik Grentha
Agenda No. 102	Address 5391 Mariners Cove Drive #20 Madison, WI 53704
	Medican WT 53704
Please check the appropriate boxes:	
	and Wish to speak
Support	Do not wish to speak
Oppose Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ	nization or a person other than yourself: Yes No
(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
of who you represent and go on to the next qu	ue siton)
Name, address and telephone number of each	n person or organization you are representing:
_ American Civil L	Libertres Union of Wisconsin
· · · · · · · · · · · · · · · · · · ·	ffalo St.; Milwaukee, UI
414. 272.4	
111, 212, 1	
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
	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
1 0	3 minutes
Other Items	3 minutes

		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	u are be	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?
		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: 5-5-09

Please Print PLEASE PRINT CLEARLY Name RON BIENDSEIL Address 6831 ER 9 mAN Blud. Middle for WI Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (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 appearing as part of your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing	registration diatement	COMMITTEE
Name RON BIENDSEIL Address 68 31 ER PMAN Blud. Middle for WI Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose 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 appearing as part of your other paid duties for this person or organization? 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)	Please Print	
Address 68 51 ER PMAN Blud. Middle for WI Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (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) Are you being paid for your other paid duties for this person or organization? Are you appearing as part of your other paid duties for this person or organization? Are you asswered "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)		
Please check the appropriate boxes: Support 836-1920 5ee be bull		Name RON BIENDSEIL
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (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? 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 question.) Speaking Limits: Public Hearing (Common Council)	Agenda No. 102	Address 6831 ERDMAN Blud.
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (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? 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 question.) Speaking Limits: Public Hearing (Common Council)		middle ton wi
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (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? 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 question.) Speaking Limits: Public Hearing (Common Council)		on: 836-1920 see belout 4
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (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? 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 question.) Speaking Limits: Public Hearing (Common Council)	Please check the appropriate boxes:	SEE OTHER SIDE
Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (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? 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 question.) Speaking Limits: Public Hearing (Common Council)	Support	and 🔀 Wish to speak
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? 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 question.) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing	Neither Support Nor Oppose	Figure 1 Available to allow 4 questions
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	1	
(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		
Information Hearing 3 minutes	(If you answered "no," STOP; you need not	complete the rest of this form. If you answered "yes," go on to the next
ture the council to be very wary of limiting enough freedoms or including into the lives of timens without Solid evidence that these truens will have the desired positive outcomes trues on will have the desired positive outcomes.	Information Hearing	3 minutes
tizens without solid evidence that these trues outcomes the will have the desired positive outcomes trues outcomes the desired positive outcomes trues outcomes the desired positive outcomes.	ture the council to	, be veng wary of lem, ting
tizens without solid evidence that these tizens will have the desired positive outcom	ersonal freedoms or	inducing 1,70
at you love and the television is a property of the least the contract of the last t	tizens without so	lid evidence that these we the desired postive outcome
Control of the contro	1+rus 100	

Are you an elected official	or employee	who is appear	ing solely on	behalf of you	ur office <u>or</u> f	or your municipality	OI
other governmental body?						Yes 🔀 No	

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

- 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.
- 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	Signature _	
	Print Name	
I would like	to speak, but	have a sick relative.
COMMENTS!		
T was the Do	ine Co. Youth	Services Coordinator until 2006.
During that	time we had	numerous complaints trom
youth in our	Community the	at confew times varied
10 - Commu	a ties which	Cause Contusion. In
• 1 i		\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
P L (M	For land of the	They was apprehended They was worken with depts. Wadison's current ce with surrounding Communities ch to the "bad old daps"
Controt in	I so I to	10 f workers with
The Youth Boa	ind spen 100	desta madisaris cupant
municipal boom	is a force of	if sund communites
ordinance is	, in complian	et to the "bad old dan" ence that stricter curjew
1 Jun 102 will	take us bar	I to the bad the durken
also, there	is NO overla	ence that is me.
or dénances a	u effective	in reducing jovenile crime.

Date: 5/5/09

Registration Statement	Common Council
	도 (COMMITTEE) 이 이 등 보고 있는 것이 되는 것이 되었다. 그 경우 하는 것이 되는 것이 되는 것이 없는 것이 있습니다. 그 보고 있는 것은 사람들이 되는 것이 되는 것이 되는 것이 되고 있는 것이 되는 것이 되었다.
Please Print	
	PLEASE PRINT CLEARLY
	Name <u>Matt Vieldran</u>
Agenda No. /122	Address 5738 Kroncke Dr
	Name <u>Matt Vieldran</u> Address <u>5738 Kroncke</u> Pr Madison
Please check the appropriate boxes:	그는 얼마 그렇게 하고 있는 사람들이 얼마를 가고 있다.
Support	and ★ Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions
A 4 4 1 1 4 1	nization or a person other than yourself: Yes No
At this meeting are you representing an organ (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 q	uestion)
Name, address and telephone number of each	h 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?
(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.)	
	nmon Council)5 minutes
Information Hearing	3 minutes

		lected 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 that:	are be	sing 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 the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: 5/5/09

Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
	Name DOVONNA JACKSON
Agenda No.	Address (0112 Strathmore Ln.
Please check the appropriate boxes:	
Support	and ☐ Wish to speak
Oppose	Do not wish to speak Available to answer questions
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 of the your representation of the next quantum of the your representation of the your representa	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
LCEC/TBU	
55 S. Clammon Ro).
Madison WI	833-4979
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	mon Council) 5 minutes 3 minutes 3 minutes

		ected official or employee who is appearing solely on behalf of your office or for your nental body?	municipality or No
		red "yes" to the question, STOP. You need not complete the rest of this form, except th ou answered "no" to the question, go on to the next question)	at you must sign
If you a that:	are bei	ing paid for your representation, or if your appearance is part of other paid duties, pl	ease be advised
	1	Before you engage in lobbying as a lobbyist, you or your principal must file an authowith the City Clerk.	orization
	2	Your principal is not permitted to authorize you to lobby unless you are registered City Clerk.	with the
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any period (half year), the principal must file expense statements with the City Clerk remainder of the calendar year?	eporting for the
(Please Room 1	e go to 103 of t	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the C the City-County Building, Madison, for more information)	lerk's Office at
Date _		Signature	
		Print Name	

Date: 5/5/09

Registration Statement	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
02	Name Danetta Bollnel Ohns
Agenda No.	Address 2944 Turbot drive
Please check the appropriate box:	Please check the appropriate box:
Support	₩ish to speak
Oppose	AND Do not wish to speak
Neither Support Nor Oppose	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	n person or organization you are representing:
LCGC /TBU	
55 S. Grammon &	\ D.
Madison, WI	833-4979
Are you being paid for your representation?	☐ Yes XNo
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 el other government	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 you 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
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?
	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

Date: 5/5/09

Registration Statement -	Common Council
	COMMITTEE
Please Print	
1 lease 11me	PLEASE PRINT CLEARLY
	Name EARNESTATE MOSS
Agenda No. 102	1700 D
Agenua 110.	Address 1729 Browning Rd
	MOUSISON WIL 53704
Please check the appropriate boxes:	
Support	and A Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppor	Available to answer questions
At this meeting are you representing an org	
of who you represent and go on to the next	t complete the rest of this form. If you answered "yes," provide the name
of mo your oprosent and go on to me me	Tare street-y
Name, address and telephone number of ea	ch person or organization you are representing:
	· · · · · · · · · · · · · · · · · · ·
Are you being paid for your representation'	☐ Yes ☐ No
	tata o . □X7 Ed XI.
Are you appearing as part of your other pai	I duties for this person or organization? Yes X No or complete the rest of this form. If you answered "yes," go on to the nex
question)	templete the rest of this form. If you allowered yes, go on to the new
	nmon Council)5 minutes
Information 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:	ı 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.
	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 the City-County Building, Madison, for more information)
Date		Signature
		Print Name

Date: May 5, 09

Registration Statement	Common Council
Please Print	COMMITTEE PLEASE PRINT CLEARLY
	Name Cavonsel Bayd Address 4901 Sherwood Ro Madron 53711
Agenda No.	Address 400 Shewbook Ro
	Madron 5371)
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
of who you represent and go on to the next que Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name uestion.) n person or organization you are representing:
Egnal Opportu	utier Commission
- Of room	
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 (Com	mon Council) 5 minutes
	3 minutes 3 minutes
Other realistics	announce and an announce of AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA

		elected official or employee who is appearmental body?	aring solely on behalf of your	office or for your municipality of Yes No	ΣI
		ered "yes" to the question, STOP. You n you answered "no" to the question, go o		nis form, except that you must sig	m
If you that:	u are be	eing paid for your representation, or if	your appearance is part of oth	ner paid duties, please be advise	:d
	1.	Before you engage in lobbying as a lewith the City Clerk.	obbyist, you or your principal	must file an authorization	
	2.	Your principal is not permitted to au City Clerk.	thorize you to lobby unless y	ou are registered with the	
	3	If your principal spends or will owe period (half year), the principal mu remainder of the calendar year?			
		to the City Clerk's website <u>www.cityo</u> f the City-County Building, Madison, for		l or go to the Clerk's Office	at
		a.			٠.
Date		Signature			
		Print Name			•

Date: 06-05-09

Registration Statement -	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Eryllia tox
Agenda No.	Address 7 20 frotic Fox On
	Address TT C2-11
	Nad 1500, W. 1, 25 TL
Please check the appropriate boxes:	그의 : 스센스트로 보트를 즐겁게 그렇게 그림픽 :
Ticase encor 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 organization	anization or a person other than yourself: Yes No
(If you answered "no," STOP ; you need no of who you represent and go on to the next of	ot complete the rest of this form. If you answered "yes," provide the name
of who you represent that go on to the now.	
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid	
	ot complete the rest of this form. If you answered "yes," go on to the next
question)	
	mmon Council)5 minutes
Information Hearing	g3 minutes
Other Items	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 that:	ı are be	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.
	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		Signature
		Print Name

Date: <u>5/5/0/</u>

Registration Statement -	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Hren Bange
Agenda No.	11 - 1 - 1
Agenda No.	Address HONNONT NO
107	Was Wi 53/04
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
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	t complete the rest of this form. If you answered "yes," provide the name
of who you represent that go on to the next q	
Name, address and telephone number of each	h person or organization you are representing:
	A STATE OF THE STA
	1
Are you being paid for your representation?	☐ Yes ☐ No
A	duties for this person or organization? Yes No
Are you appearing as part of your other paid (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.)	
	nmon Council) 5 minutes 3 minutes
	3 minutes

		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 that:	are be	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?
		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

Date: 9/9/09

Registration Statement	Common Council
Please Print	
on god of the Control of the Alberta Alberta Harris (1994). The Control of the Co	PLEASE PRINT CLEARLY
MAG	Name Andrew Bunge
Agenda No.	Address HOS North ANDE
107	Masson, W/53704
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	e Available to answer questions
of who you represent and go on to the next q Name, address and telephone number of each	t 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 t complete the rest of this form. If you answered "yes," go on to the next
	nmon Council)5 minutes 3 minutes
	3 minutes

		lected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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 that:	are be	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?
		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
<i></i>		Print Name

Date: 5/5/09

Registration Statement	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
i o - Charjana	Name Molly Berman
Agenda No. 1257 C	Address 1021 N. HPMM St. ADT G
一 经增加支援的联合的基本	Madison INT 63703
	114418011, 002, 000
Please check the appropriate boxes:	or the color of the transfer of the best of the color of
	and Wish to speak
Support	Do not wish to speak
Oppose Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ	nization or a person other than yourself: Yes No
(If you answered "no," STOP ; you need not of who you represent and go on to the next questions.	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to me next qu	
Name, address and telephone number of each	r person or organization you are representing:
Are you being paid for your representation?	☐ Yes No
	duties for this person or organization? Yes No
Are you appearing as part of your other paid (If you answered "no" STOP: you need not	complete the rest of this form. If you answered "yes," go on to the next
question)	
	mon Council) 5 minutes
Other Items	3 minutes

•		ected official or emplonental body?	yee who is appea	ring solely on behalf of your office or for your municipality or Yes No
		red "yes" to the questi ou answered "no" to t		red not complete the rest of this form, except that you must sign to the next question)
If you that:	are bei	ing paid for your repre	esentation, or if y	our appearance is part of other paid duties, please be advised
	1.	Before you engage in with the City Clerk	n lobbying as a lo	bbyist, you or your principal must file an authorization
	2.	Your principal is no City Clerk.	t permitted to aut	horize you to lobby unless you are registered with the
	3		he principal must	nore than \$1,000 for lobbying services in any reporting t file expense statements with the City Clerk for the
		o the City Clerk's we the City-County Buildi		nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)
Date _	9/	19/09	Signature	Maryhon
	,	,	Print Name	Holly Berney

Date: 5/10/09

Registration Statement -	Common Council COMMITTEE		
<u>Please Print</u>	PLEASE PRINT NAME CLEARLY		
Agenda No. 102	Name DUT Apperes Address 1337 Mensfel St		
Please check the appropriate box:	Please check the appropriate box:		
Support Oppose Neither Support Nor Oppos	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:			
- CUT	ew.		
Are you being paid for your representation?	☐ Yes X 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 nmental 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.)
If you are l 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	Signature
and the state of the contract of	Print Name

Date: 5/5/69

Registration Statement	- Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 102	Name Molly Berman Address Q21N Henry St. Aptr Madison WT 53703
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppo	AND
	rganization or a person other than yourself: \(\sum \) Yes \(\sum \) No not complete the rest of this form. If you answered "yes," provide the name at question)
Name, address and telephone number of e	each person or organization you are representing:
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 question)	aid 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 Heari	fommon Council) 5 minutes ng 3 minutes 3 minutes

	하는 마음마음 하다, 이 시간 하는 아니라 마음마음 그 하는 사람들은 것은 사람들은 사람들이 하는 사람들이 하는 것이 되었다. 그 사람들이 다른 사람들이 되는 사람들이다.
Are you an ele other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 bein that:	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 5/0	5/09 Signature Mulhyllon
	Print Name MOLLY BERMAN
	를 받는데 하는 것으로 하는데 보는데 보고 말이 되면 얼마는데 되어 되는데요? 보고 있는데 되어 얼마를 보고 있다.

그리 그리는 그 그는 사람들은 그는 얼마를 하는 것을 받는다.	
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
	Name Anita Arenson
Agenda No. 12-596 10-	Address 439 West Dayton Madison, wi 53703
	madison, w1 53703
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
At this meeting are you representing an organ	nization or a person other than yourself: Yes No 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:
Are you being paid for your representation?	☐ Yes ☑ No
Are you appearing as part of your other paid	purport She zation?

Date: 5-5-09

If you answered "yes," go on to the next

.....tninutes

(If you answered "no," STOP; you need no.

Public Hearing (Comi Information Hearing Other Items

question)

Speaking Limits:

Are you an other govern	elected official or em imental body?	ployee who is appearing	g solely on behalf of your office or for your municipality or
(If you answ this form If	vered "yes" to the que you answered "no" t	estion, STOP. You need to the question, go on to	not complete the rest of this form, except that you must sign the next question)
If you are b that:	peing paid for your re	presentation, or if your	appearance is part of other paid duties, please be advised
1.	Before you engag with the City Cler	e in lobbying as a lobby k.	ist, you or your principal must file an authorization
2.	Your principal is City Clerk	not permitted to author	ize you to lobby unless you are registered with the
3.	If your principal speriod (half year remainder of the c), the principal must fil	e than \$1,000 for lobbying services in any reporting le expense statements with the City Clerk for the
(Please go Room 103 o	to the City Clerk's f the City-County Bui	website <u>www.cityofmaa</u> lding, Madison, for more	<u>lison.com/clerk/index.html</u> or go to the Clerk's Office at e e information.)
Date <u>5</u> -	5-09	Signature	Anta Arenson
		Print Name	Anita Arenson

	Da	te: 5,5.09
	CITY OF MADISON	
Registration Statement	Common Council	
Please Print Agenda No. (0)	PLEASE PRINT CLEARLY Name Address	N W > S
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppos At this meeting are you representing an orga (If you answered "no," STOP; you need no	and Wish to speak By 15 Registrants in Opposition not	'peak wer questions ☐ Yes ☑No d "yes," provide the name
Name, address and telephone number of eac	wishing to speak	
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)		☐ Yes ☐ No red "yes," go on to the next
Information Hearing	mon Council) 5 minutes 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)
If you that:	are b	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?
(Pleas Room	se go 103 o	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

Date: 5/5/09

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
	Name Chonnell Drinker
Agenda No. 17546	Address 309 clyde gallgher
Please check the appropriate box:	Please check the appropriate box:
Support	☐ Wish to speak
☑ Oppose	AND Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
(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 complete the rest of this form. If you answered "yes," provide the name uestion) 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 No complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes

Are you an e other governr	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
	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 Room 103 of i	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 <u>5/5</u>	
	Print Name Changell Drinker

Date: 5/5/09

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 12576	Name Dionna Cook Address 1818 forder are HI
Please check the appropriate box:	Please check the appropriate box:
SupportOpposeNeither Support Nor Oppo	Wish to speak Do not wish to speak AND Available to answer questions
At this meeting are you representing an organism (If you answered "no," STOP; you need no f 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	ach person or organization you are representing:
Are you being paid for your representation	? ☐ Yes ☐ 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
	ommon Council) 5 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 lental body?
(If you answer this form. If yo	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 bein that:	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?
(Please go to Room 103 of ti	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 5/5	109 Signature Dimb
	Print Name Dionna Cook

			Date: <u></u>	5/09
	CITY OF MAI			
Registration Statem	nent - <u>Common C</u>	ouncil		
Please Print				
	PLEASE	PRINT NAME CLE	ARLY	
	Name	Brianna A	llen	
Agenda No. 12596		3014 Worth		1 ave.
		apt, 1		
Please check the appropriate box:		Please check th	ne appropria	te box:
Support		☐ Wish to spe	ak	
Oppose	AND	Do not wish	to speak	
Neither Support Nor	Oppose	☐ Available to	answer ques	tions
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to to Name, address and telephone numbers.	need not complete the rest he next question)	of this form. If you answ		☑ No provide the name
Are you being paid for your represe	ntation?		☐ Yes	Mo
Are you appearing as part of your of (If you answered "no," STOP; you question.)	thet paid duties for this pers need not complete the rest	son or organization? of this form. If you answ	☐ Yes wered "yes,"	No go on to the next
Information	ng (Common Council)	s minutes		

Are you an elected official or other governmental body?	mployee who is appearing solely on behalf of your office or for your municipality or ☐ Yes ☑ No
(If you answered "yes" to the this form If you answered "no	uestion, STOP. You need not complete the rest of this form, except that you must sign to the question, go on to the next question.)
If you are being paid for you that:	representation, or if your appearance is part of other paid duties, please be advised
1 Before you eng with the City (ge in lobbying as a lobbyist, you or your principal must file an authorization
2. Your principal City Clerk.	s not permitted to authorize you to lobby unless you are registered with the
3 If your princip period (half your remainder of the	spends or will owe more than \$1,000 for lobbying services in any reporting r), the principal must file expense statements with the City Clerk for the calendar year?
(Please go to the City Clerk Room 103 of the City-County 1	website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at illding, Madison, for more information.)
Date 5/5/09	Signature Brano Allen
	Print Name Brianna Allen

	Bate: Date:
	CITY OF MADISON
Registration Statement -	Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Name Acron Willis
Agenua No.	Address Thun Tree Lane
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name
LIEC/TBV	
55 S G	AMMON RD
Madis	AMMON RD on WI 53717 833-4979
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

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
1 3 /		ed "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 that:	are 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.
	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

	- I	< 100	7
Date:	<u> </u>	ン / (/)	7

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	1 아는 사람들이 하는 것이 되는 것이 되었다. 그 아이들이 얼마나 하는 말 하는데 없었다.
	Name Jessel Brian Colonian
Agenda No.	Address 2016 Westbrook (Ln)
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☑ Do not wish to speak
Neither Support Nor Oppo	se Available to answer questions
	보면 불자를 맞고 하는 사람들은 사람들이 되었다 <u>고</u> 하면 있 <u>다.</u> 나를 보고 있다.
	ganization or a person other than yourself: Yes 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	
	ch person or organization you are representing:
LUEL / Teen Build	LUP
55 S. GLAMMON R	
	$C_{i} = C_{i}$
MADISON, WI	55717 075-47/9
Are you being paid for your representation	? ☐ Yes ☑ No
Are you appearing as part of your other pai	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
question)	
Speaking Limits: Public Hearing (Co	mmon Council)5 minutes
	g3 minutes
Other Items	3 minutes

Are you an elected official other governmental body?		solely on behalf of your office or for your r	municipality or No
(If you answered "yes" to this form. If you answered	the question, STOP. You need n "no" to the question, go on to th	not complete the rest of this form, except that he next question.)	t you must sign
If you are being paid for that:	your representation, or if your a	appearance is part of other paid duties, ple	ase be advised
1. Before you with the C		st, you or your principal must file an author	ization
2 Your princ City Clerk		ze you to lobby unless you are registered v	vith the
period (ha	ncipal spends or will owe more If year), the principal must file of the calendar year?	than \$1,000 for lobbying services in any re e expense statements with the City Clerk	porting for the
(Please go to the City C Room 103 of the City-Cou	Clerk's website <u>www.cityofmadi</u> nty Building, Madison, for more	ison.com/clerk/index.html or go to the Cla information)	erk's Office at
Date	Signature		· · · · · · · · · · · · · · · · · · ·
	Print Name		

Date: 5/5/09

Registration Statement	Common Council
	는 'COMMITTEE 를 보는 다른 사람들이 있는 이번 하는 아니라 이번 가는 이번 그리고 되었다면 되었다. 그는 사람들은 사람들이 아니라 사람들이 가장 하는 것을 보는 것이 들어 보고 있다. 이번 사람들이 되었다는 것이다.
Please Print	PLEASE PRINT CLEARLY
	Name Samva Peeple
Agenda No.	Address 77 7176 tree Lanc
Please check the appropriate boxes:	
Support Oppose	and Wish to speak Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ	nization or a person other than yourself: \(\overline{\hat{\lambda}}\) Yes \(\overline{\hat{\lambda}}\) 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 q	uestion)
Name, address and telephone number of each	h person or organization you are representing:
LCEC/TBU	
55 s. G.AM	MON RD
·	w 1 53717 833-4979
Are you being paid for your representation?	☐ Yes Yo
Are you appearing as part of your other paid	
(If you answered "no," STOP ; you need not question.)	t complete the rest of this form. If you answered "yes," go on to the next
	그런데 맛있는 일이면 그리가 속으로 보는 그리면 인한 요그렇게
	mon Council)5 minutes 3 minutes
en anno anno anno anno anno anno anno an	3 minutes

		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 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.
	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?
(Pleas Room	se go to 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 City-County Building, Madison, for more information.)
Date _	5	15/09 Signature Dounisa Reples
		Print Name Janua Peenles

Date 55-09

Registration Statement -	Common Council
Please Print	
	PLEASE PRINT CLEARLY
	Name Marcoo Hamilton
Agenda No.	Address 805 Resta Rd
	Harrison WY 53711
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ	nization or a person other than yourself: Xes 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 q	uestion)
Name, address and telephone number of each	n person or organization you are representing:
LC.E.C &	730
55 8, Camara	72d Halison wi 53717
C32 - (1979	
800 114	
Are you being paid for your representation?	☐ Yes XNo
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
	mon Council)5 minutes
	3 minutes
Other items	3 minutes

Are you an elected official or empother governmental body?	loyee who is appear	ring solely on behalf of your office or for your municipality or Yes No
(If you answered "yes" to the que this form. If you answered "no" to		ed not complete the rest of this form, except that you must sign to the next question)
that:	in lobbying as a lob	our appearance is part of other paid duties, please be advised
2 Your principal is r City Clerk.	not permitted to auth	norize you to lobby unless you are registered with the
	the principal must	fore than \$1,000 for lobbying services in any reporting if file expense statements with the City Clerk for the
(Please go to the City Clerk's v Room 103 of the City-County Build		nadison.com/clerk/index.html or go to the Clerk's Office at nore information)
Date	Signature	

		ı								
Date:	3	15	7	0	1			'n	1	

Registration Statement	
	¿COMMITTEE : : 한국 경찰 등 전환 등 시간 등 등 기가 하는 것이 되었다. 그는 것은 사람들이 되었다. 보는 보는 경찰 등 하는 것을 하는 것이 있는 것이 되었다. 그런 그는 그를 하는 것이 되었다.
Please Print	
	PLEASE PRINT CLEARLY
	Name Linda Ketcham
Agenda No. 102	Address 813 Flora La
	Name Linda Kefcham Address 813 Flora La Madison WZ 53714
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
	ization 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 que	
Name, address and telephone number of each	person or organization you are convergenting.
rvaine, address and telephone number of each	person of organization you are representing.
Mudison area Urban 1	Ministry 2300 S Park #3- Madison WI 5371
	537/3
-	
Are you being paid for your representation?	☐ Yes ►No
A	
Are you appearing as part of your other paid d	luties for this person or organization? Yes No No complete the rest of this form. If you answered "yes," go on to the next
question)	complete the rest of this form. If you answered "yes," go on to the next
	non Council)5 minutes
	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?
(If you answer this form. If yo	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
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 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 the City-County Building, Madison, for more information)
Date	Signature Print Name Linda Ketcha in

Date: 5/5/09

Registra	tion Statement	Common Council COMMITTEE
Please Print		
		PLEASE PRINT CLEARLY
		Name True Thao
Agenda No. 10	2	Address GIL Bandie
		Name True Than Address 416 Bayview Manison, WI 53715
Please check the app	propriate boxes:	
Support		and Wish to speak
Oppose		Do not wish to speak Available to answer questions
Neither S	upport Nor Oppose	Meanable to answer questions
(If you answered "n of who you represen	o," STOP; you need not c t and go on to the next que	ization or a person other than yourself: Yes Yes omplete the rest of this form. If you answered "yes," provide the name estion.) person or organization you are representing:
	· · · · · · · · · · · · · · · · · · ·	
Are you being paid	for your representation?	Yes No
		luties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	- ·	non Council) 5 minutes
		and a minutes are a minutes and a minutes and a minutes are a minute and a minute are a minut

Are you an elected office other governmental boo	cial or employee who is appearing ly?	solely on behalf of your off	ice or for your municipality or Yes No
	to the question, STOP. You need red "no" to the question, go on to		form, except that you must sign
that: 1. Before	for your representation, or if your you engage in lobbying as a lobby city Clerk.		
2. Your p City Cl	tincipal is not permitted to author erk.	ize you to lobby unless you	are registered with the
period	principal spends or will owe more (half year), the principal must fill der of the calendar year?		
	y Clerk's website <u>www.cityofmaa</u> County Building, Madison, for mor		go to the Clerk's Office at
Date	Signature		
	Print Name		

Date: 05-05-09

Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No. (OO	Name JONICE Alvarodo Address 55 5 Common Rd Haarson (us 53717)
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:
L.C.E.C. and	T.B.O
_55 S. Gamma	on Rd Hadison wi 53717
Are you being paid for your representation?	☐ Yes Yo
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

	elected official or emplo mental body?	yee who is appearing	ng solely on behalf of	your office or for y \[\sum_{\text{\tint{\text{\tint{\text{\tiliex{\text{\tert{\text{\texi}}\text{\text{\texit{\text{\texi{\texi{\texi{\texi}\texi{\t	our municipality or No
	ered "yes" to the questi you answered "no" to t			t of this form, except	t that you must sign
If you are b that:	eing paid for your repr	esentation, or if you	ur appearance is part	of other paid duties	, please be advised
1.	Before you engage i with the City Clerk	n lobbying as a lobl	pyist, you or your prin	cipal must file an a	ıthorization
2.	Your principal is no City Clerk.	t permitted to author	orize you to lobby unl	ess you are register	ed with the
3		he principal must	re than \$1,000 for lob file expense statemen		
, _	to the City Clerk's we f the City-County Buildi		and the second s	<u>x.html</u> or go to the	c Clerk's Office at
Date		Signature			
		Print Name			

	CITY OF MADISON	
Registration Statement	Common Council COMMITTEE	
Please Print Agenda No.	PLEASE PRINT CLEARLY Name TRACIBENSON Address 55.8. GAMMONRD	
Please check the appropriate boxes:		
 Support Oppose Neither Support Nor Oppose 	and Wish to speak Do not wish to speak Available to answer que	stions
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,"	☐ No ' provide the name
Name, address and telephone number of each	person or organization you are representing:	
LCEC MADION		
Are you being paid for your representation?	Yes	1 No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	luties for this person or organization? Yes	No No go on to the next
Information Hearing	non Council) 5 minutes 3 minutes 3 minutes	

Date: __

	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.)
f you are bei hat:	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 Room 103 of t	o the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date <u> </u>	Print Name TRACY BENSOU

Date: 05-05-04

Registration Statement	Common Council
Please Print	
	PLEASE PRINT CLEARLY
	Name 10120 TIUVDOY
Agenda No. 10/	Address 2010 NESTOVOOK
Please check the appropriate boxes:	
☐ Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	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 quality of the	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:
LCEC/TBU	
55 S. GAMMON	RD
MADISON WI	833-4979
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

		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 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?
(Pleas Room	e go to 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	05-	05-09 Signature Scala Maria

Print Name

	Date: 5/5/09
	CITY OF MADISON
Registration Statement	Common Council committee
Please Print	
	PLEASE PRINT NAME CLEARLY
Agondo No	Name Brianna Allen
Agenda No.	Address 3011 worthington ave.
	apt. 1
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
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
Name, address and telephone number of eacl	n person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☑∕No

Yes

Speaking Limits:

question)

Public Hearing (Common Council) 5 minutes Information Hearing3 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 an other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
(If you answ this form If	vered "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 t 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?
(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 Brianna Allen Print Name Brianna Allen
	Print Name Brianna Allen

Date: <u>6/6/09</u>

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 102	Name Chonnell Drinker Address 309 dyde gallagher
Please check the appropriate box:	Please check the appropriate box:
□ Support □ Oppose □ Neither Support Nor Oppos	AND ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
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	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:
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.)	d duties for this person or organization? Yes No of complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes

化二氯化物 医二氯化物 医皮肤	
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?
(If you answer this form If yo	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 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 City-County Building, Madison, for more information)
Date <u>5/5</u>	109 Signature ChOMMU Dumkuu
	Print Name Chonnell Drinker

				D	ate:	
		CITY OF MA	DISON			
Registrat	ion Statement -	Common (Council			
Please Print		PLEASI	E PRINT NA	ME CLEA	RLY	
		Name	Dionnes	ACX	S Co	OK
Agenda No.	100	Address	5618 tol	dem	#10	
Please check the app	propriate box:		Pleas	e check the	appropria	te box:
Support			¬ □ w	ish to speal		
Oppose		AND	⊠ D	o not wish t	o speak	
	pport Nor Oppos	s e	- □ A	vailable to a	ınswer ques	stions
(If you answered "no of who you represent	ou representing an organ," STOP; you need not and go on to the next and go on the next and go	ot complete the res question)	t of this form	If you answe		No provide the name
Are you being paid fo	or your representation?				☐ Yes	ŪNo
	part of your other paid, "STOP; you need no				☐ Yes ered "yes,"	go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	3 minutes			

Are you an elother governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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:	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 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, fo r more inf ormation)
Date 5/2	5/09 Signature Lower ook
\mathcal{I}	Print Name Jonna Cook