Date: 2/2/09

Registration Statement	Common Council
Please Print	PLEASE PRINT NAME CLEARLY
	Name Wilh Subjection
Agenda No.	Address
ID# 12921	
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	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 each	ch person or organization you are representing:
Are you being paid for your representation?	☐ Yes Ď No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not 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	nmon Council) 5 minutes 3 minutes 3 minutes

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 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?
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 <u>2/3</u>	Signature ////////////////////////////////////

Date: $\frac{1}{3}/9/09$

Registrati	on Statement	Common C	ouncil
		COMMITTEE	
Please Print		PLEASE	PRINT NAME CLEARLY
		Name	Joe Schraven
Agenda No.			1622 Fordem. Ave
工0# /	2921		Madison, WI 53704
Please check the app	ropriate box:		Please check the appropriate box:
Support Oppose Neither Su	[pport Nor Oppose	AND	☐, Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
(If you answered "no,	u representing an organ " STOP; you need not and go on to the next qu	complete the rest	n other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and tel	ephone number of each	n person or organi	zation you are representing:
Are you being paid for	r your representation?		☐ Yes ☐ No
	part of your other paid "STOP; you need not		son or organization? Yes No of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	an assan bannanan mananan erri	3 minutes

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

	Date: 2-3-09
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY Name Brian Wolff
Agenda No	Name Brian Wolft Address 10 E. Doty Madison, UI
Please check the appropriate boxes: Support 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	ization 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 of (If you answered "no," STOP ; you need not a question.)	luties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next

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

Other Items 3 minutes

Speaking Limits:

Are you an eleother 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 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?			
	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			

Date: $\frac{3}{3}$

Registrati		Common Co	ouncil	
Please Print		DIEACE	PRINT NAME CLEARLY	
		PLEASE		
		Name _	Michael Covey	
Agenda No.		Address _	Po Box 1771	
ID#(2921		Madison, WI 53701-1	771
Please check the app	ropriate box:		Please check the appropriate box	
Support Oppose		AND	☐ Wish to speak☐ Do not wish to speak	
	pport Nor Oppose		Available to answer questions	
(If you answered "no, of who you represent a	" STOP; you need not con and go on to the next quest	nplete the rest o tion)	other than yourself: Yes V1 If this form. If you answered "yes," providation you are representing:	
Are you being paid for	r your representation?		☐ Yes ☐ N	No
Are you appearing as j (If you answered "no, question.)	part of your other paid dut "STOP; you need not con	ies for this perso mplete the rest o	on or organization?	No to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items		minutes	

Are you an other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(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 you answered "no" to the question, go on to the next question)
If you are b that:	peing 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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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 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at following the City-County Building, Madison, for more information.)
Date	Signature
	The state of the s

1 14 AV	1	_ ? _	0	7	1.111	
Date:	4_	ر	.0	1		

Registration Statement	Common Co	uncil
	COMMITTEE	
Please Print		
	PLEASE	PRINT NAME CLEARLY
	Name _	Covey (wesen
Agenda No.	Address	20 W Blan A. 4302
ID#12921		Madison WI C7703
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
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	complete the rest of	f 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 organiza	tion you are representing:
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid	duties for this perso	n or organization?
(If you answered "no," STOP ; you need not question.)	complete the rest o	f this form. If you answered "yes," go on to the next
진행상하는 소설을 보여 어떻게 할다.		
Speaking Limits: Public Hearing (Com Information Hearing		
Other Items		

Are you an ele other governm	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
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	-3-89 Signature Oly Hu
	Print Name Covey Twesur

Date: 9	3/3	105		
			 	-

Registrati	on Statement	Common C	ouncil		
Please Print					
		PLEASE	PRINT NAM	E CLEARLY	
		Name	Myrich	Bloombe	19
Agenda No.		Address	447 W.	Wilson	
工5#12	292				
Please check the app	ropriate box:		Please	check the approp	riate box:
Support		AND		h to speak not wish to speak	
Oppose Neither Su	L pport Nor Oppose			ilable to answer q	
(If you answered "no, of who you represent a	u representing an organ " STOP; you need not a and go on to the next qu ephone number of each	complete the rest sestion)	of this form. If	you answered "ye	
- Gretisme	1 ndestructs	LLC	Plan	В	
Are you being paid for	your representation?			☐ Ye	s No
	part of your other paid on " STOP; you need not				
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	ca madadan kamada kamada	3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(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 you answered "no" to the question, go on to the next question)
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

		Date: <u> </u>
	CITY OF MAD	NOOK
Registration Statement -	Common C	ouncil
Please Print	PI FASE	PRINT NAME CLEARLY
	Name	Scert B. THORNEM
Agenda No	Address	1104 JENIFER ST
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppos	AND e	☐ 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	n other than yourself: Yes No No of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organiz	zation you are representing:
MARQUETTE NEILHBO	revers As	SCCIATION
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		son or organization? Yes No of this form. If you answered "yes," go on to the next

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

question)

Speaking Limits:

Are you an other gover	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
(If you ansv this form Ij	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are I that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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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
	ong bersam tida serial serial serial name. Print Name

Date: $\frac{2/3}{69}$

Registra	tion Statement	Common C	Council
		COMMITTEE	
Please Print			
		PLEASE	PRINT NAME CLEARLY
		Name	JOSEPH M. STATHUS
Agenda No		Address	938 E. JOHNSON ST +11
工D#	12921		MADISON, W. 53703
Please check the ap	propriate box:		Please check the appropriate box:
Support Support		AND	Wish to speak
Oppose Neither S	Lupport Nor Oppose		Do not wish to speak Available to answer questions
(If you answered "n of who you represen	t and go on to the next qu	complete the resi estion)	on other than yourself: Yes No of this form. If you answered "yes," provide the nam zation you are representing:
Are you being paid	for your representation?		☐ Yes ☐(No
	s part of your other paid do, " STOP; you need not d		son or organization? \[\sum \text{Yes} \sum \text{No} \] t of this form If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Comn Information Hearing Other Items	nananan menemberan seriah seri	3 minutes

		기계의 트리막은 보고, 하는 사람은 가격 기계로 들어왔다는 하는 등 하는 것은 사람들이 하고 있다면 하는 것은 사람들이 되었다.
		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.)
lf you that:	ı 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?
(Plea	se on to	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.)
		를 하고 하는 것도 않는 사람들이 하는 것이 되었다. 그는 것은 사람들이 하는 것은 것이 되는 것이다. 그런 그는 것은 것은 것이다. 그는 것은 것 그는 그 하고 있는 것은 것은 것은 것은 것은 것은 것은 것은 것은 것이다. 그는 것은
Date	2/5	Signature Signature
		Print Name JOSEPH M. STATHUS

		Date: 02.05.07
	CITY OF MA	DISON
Registration Statement -	Common (Council
Please Print	PI FAS	E PRINT NAME CLEARLY
Agenda No.	Name	HYLE KADIECKI
ID#12121	Address	3927 FISH HARHERY PD #3 MADISON WI 53711
Please check the appropriate box:		Please check the appropriate box:
✓ Support☐ Oppose☐ Neither Support Nor Oppos	AND e	Wish to speakDo not wish to speak☐ Available to answer questions
At this meeting are you representing an orga	nization or a pers	on other than yourself: Yes No t of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organ	ization you are representing:

∠ No

Yes Yes

Yes

Speaking Limits:

question.)

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

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

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

Are you being paid for your representation?

Are yo	u an el governn	lected official or employee whental body?	no is appear	ring solely on	behalf of your of	fice or for yo	ur municipality or No
(If you this for	answe m If y	ered "yes" to the question, ST o you answered "no" to the ques	OP. You ne tion, go on	ed not comple to the next qu	ete the rest of this uestion.)	form, except i	hat you must sign
If you that:	are be	ing paid for your representati	ion, or if y	our appearanc	ce is part of other	paid duties,	please be advised
	1	Before you engage in lobby with the City Clerk	ing as a lo	bbyist, you oi	your principal mu	ıst file an aut	horization
	2	Your principal is not permi City Clerk	itted to aut	horize you to	lobby unless you	are registered	l with the
	3	If your principal spends or period (half year), the principal remainder of the calendar year.	ncipal must				
		o the City Clerk's website <u>v</u> the City-County Building, Ma				go to the	Clerk's Office at
*.					1//		
Date _	02		ignature	41	1	7	
		Pr	rint Name	1/416	LANIECKI		

Date: $\frac{2}{3}$

Registra	tion Statement -	ent - Common Council		
		COMMITTEE		
Please Print		DIEACE	PRINT NAME CLEARLY	
		그일에 하는 경우를 모르다		
		Name	DAVID BRIDGEFORD	
Agenda No.		Address	DAVID BRIDGEFORD BOB Williamson St. #309	
エクキ	12921		Madison, WI	
Please check the ap	propriate box:		Please check the appropriate box:	
			☐ Wish to speak	
Oppose		AND	Do not wish to speak	
	upport Nor Oppos	se	Available to answer questions	
(If you answered "n of who you represen	t and go on to the next (nt complete the rest of question.)	other than yourself: Yes No f this form. If you answered "yes," provide the name tion you are representing:	
Are you being paid	for your representation?		☐ Yes ☐ No	
	s part of your other paid o," STOP; you need no		on or organization?	
Speaking Limits:	Public Hearing (Cor	nmon Council)5	minutes	
		3		
	Other Items		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.)
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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 f the City-County Building, Madison, for more information.)
Date	Signature
	Market Market Company of Print Name

Date: $\frac{2}{3}/03/09$

Registration Statement - Common Council			uncil
		COMMITTEE	
Please Print			
		PLEASE P	RINT NAME CLEARLY
		Name	Matthew McNamaa
Agenda No.		Address	2440 Compercial are
了\$\psi	2921		Mad-3cm
Please check the ap	propriate box:		Please check the appropriate box:
Support Oppose Noither S		AND	 ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
l Neitner S	upport Nor Oppos		
(If you answered "n	ou representing an organo, "STOP; you need no tand go on to the next of	t complete the rest of	other than yourself:
Name, address and t	elephone number of eac	h person or organizat	ion you are representing:
Are you being paid f	or your representation?		☐ Yes ☑ No
Are you appearing a (If you answered "na question.)	s part of your other paid o," STOP; you need no	I duties for this person to complete the rest of	or organization? Yes No this form If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council) 5 m 3 m 3 m	inutes

	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.)
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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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name