

Date: 8/7/07

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>52</u> <u>0109107</u>

Name Sheri Carter

Address 3009 Ashford Ln
Madison WI 53713

Please check the appropriate boxes:

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

- Oppose**
- 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," go on to the next question.)

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

Arbor Hills Neighborhood Association.

I am the President of the AHNA.

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

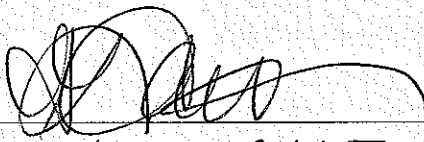
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 8/7/07

Signature 
Print Name SHERI CARTER

Date: 8/07/07

City of Madison Registration Statement - Common Council

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Please Print

PRINT NAME CLEARLY

Agenda No. 52

Name Michael Lawton
Address 740 Regent Street
Madison, WI

Please check the appropriate boxes:

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

- Oppose**
- 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," go on to the next question.)

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

Arbor Gate Development LLC
300 West Beltline Hwy
Madison, WI 276-0238

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing 5 minutes
Information Hearing 5 minutes
Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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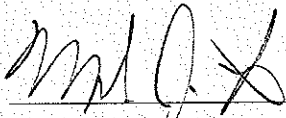
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If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 8/7/07

Signature 

Print Name Michael Lawton

Date: 8-7-2007

City of Madison Registration Statement - Common Council

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Please Print

PRINT NAME CLEARLY

<p>Agenda No. <u>52</u> <u>06967</u></p>
--

Name JOYCE LANDMARK
 Address 2913 NOTTINGHAM WAY
MADISON, WI. 53713

Please check the appropriate boxes:

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

- Oppose**
- 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," go on to the next question)

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

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question)

Speaking Limits: Public Hearing 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No

2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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Date _____

Signature _____

Print Name _____

Date: 8-7-07

City of Madison Registration Statement - Common Council

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Please Print

PRINT NAME CLEARLY

Agenda No. 52 06967

Name CRampose
Mark Lundmark
Address 2913 Nottingham way

Please check the appropriate boxes:

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

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

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Signature _____

Print Name _____

Date: 8/7/07

City of Madison Registration Statement - Common Council

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Please Print

PRINT NAME CLEARLY

06967

Agenda No. 52

Name SEAN BAXTER

Address 714 ONEIDA PLACE
MADISON 53711

Please check the appropriate boxes:

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

- Oppose**
- 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," go on to the next question.)

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

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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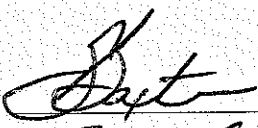
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Date 8/7/07

Signature 

Print Name Sean BAXTER

Date: _____

City of Madison Registration Statement - Common Council

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Please Print

PRINT NAME CLEARLY

06967

Agenda No. 52

Name BRADLEY HUTTER

Address 3001 W. BELTUNE HWY
MADISON WI 53713

Please check the appropriate boxes:

Support

Wish to speak

Do not wish to speak

Available to answer questions

Oppose

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," go on to the next question.)

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

MILT

3001 W. BELTUNE SUITE 200

MADISON WI 53713

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

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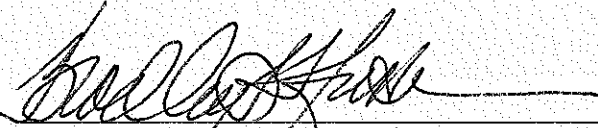
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Date 8-7-07

Signature 
Print Name BRADLEY G. HUNTER

Date: _____

City of Madison Registration Statement - Common Council

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PRINT NAME CLEARLY

Agenda No. <u>52,06967</u>

Name BILL MAPKE

Address 3021 Post Rd
53713

Please check the appropriate boxes:

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

- Oppose**
- 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," go on to the next question.)

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

Argon Hills Neighborhood Association

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Signature _____

Print Name _____

Date: 8-7-07

City of Madison Registration Statement - Common Council

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Please Print

PRINT NAME CLEARLY

Agenda No. 52,06967

Name Mary Jo Manke
Address 3021 Post Rd.
Madison, WI 53713

Please check the appropriate boxes:

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

- Oppose**
- Wish to speak
 - Do not wish to speak
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Name, address and telephone number of each person or organization you are representing:

Arbor Hills Neighborhood Ass.

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
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Signature _____

Print Name _____