Date: 3-2-00

Registration Statement	Common C	ouncil		
Please Print	PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 13	Name Address	Tiom Cambe 1000 nicollet mpls mn		
Please check the appropriate box: Support	AND	Please check to Specific Do not wish		box:
Oppose Neither Support Nor Oppose At this meeting are you representing an orga	e nization or a perso	Available to Avail	o answer questic	□ No
(If you answered "no," STOP; you need not of who you represent and go on to the next quality Name, address and telephone number of each	uestion)			ovide the name
1000 Mobilet				
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.)			X Yes [swered "yes," go	No on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	neknebikannakannannerian saan tan tantaga	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 nental body?
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised 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
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature And Signature
	Print Name Thomas Canto

Date: 03 02 10

Registration Statement	Common Cou	ıncil incil
Please Print	COMMITTEE PLEASE P	RINT NAME CLEARLY
Agenda No.	Name Address	MICHAEL STURM 22 S. MARGURTIE MADISON WI
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	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 of	other than yourself: Yes No this form. If you answered "yes," provide the name
Name, address and telephone number of each	•	ion you are representing: PATERSON MAKOLSON W
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)		n or organization? Yes No this form If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 n 3 n 3 n	ninutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?
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(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 03.02 lo Signature
Print Name MICHALL STUP

Date: 3/2//8

Registration Statement		
Please Print	PLEASE PRINT NAME	CLEARLY
13	Name Allan KI	ugman nagram Drive xirie, MN 55344
Agenda No	Address <u>7699</u> A	nagram Drive
	Edenfro	ririe, MN 55349
Please check the appropriate box:		eck the appropriate box:
Support /		to speak
Oppose	Availa	t wish to speak able 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 que	complete the rest of this form. If yo	7 3
Name, address and telephone number of each	n person or organization you are rep	resenting:
Target la paratio	Δ	-
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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)		
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes	

Are you an elected off other governmental bo	ficial or employee who is appearing solely on behody?	alf of your office or for your municipality or Yes No
	" to the question, STOP. You need not complete the ered "no" to the question, go on to the next question.	
that: 1 Before with th 2 Your part of City C 3 If your	r principal spends or will owe more than \$1,000 to	ur principal must file an authorization by unless you are registered with the for lobbying services in any reporting
	I (half year), the principal must file expense stander of the calendar year?	tements with the City Clerk for the
	ity Clerk's website <u>www.cityofmadison.com/cler</u> -County Building, Madison, for more information	
Date		
Date	Signature Print Name	

	CITY OF MADISON
Registration Statement	Common Council
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name Gretchen Landini
Agenda No. 13	Address 7699 Anagram Dr.
	Eden Prairie MN 55344
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:
Target; 1000 Nicollet M	Mall Minneapolis 612-761-9161
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

Date: 3/2/10

(If you answered "no," STOP; you need not 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

question.)

Speaking Limits:

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?
(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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(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 3/2/10 Signature DretchenLanding
Date 3/2/10 Signature <u>PretchenLanding</u> Print Name <u>Gretchen Landing</u>

Date: 3(2)10	٦,		
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Registration Statement	Common C	<u>ouncil</u>		
	COMMITTEE			
Please Print	DIEAGE	DDINT NAME OF	ADLV	
	PLEASE	PRINT NAME CLE		
	Name	Kristin Tho	mpson	
Agenda No. 13-14	Address	50 S Tent		
		Unneapolis, 1	LN SS4	03
Please check the appropriate box:		Please check the	ie appropria	ıte box:
Support Oppose	AND	☐ Wish to spe	to speak	
Neither Support Nor Oppose		- Available to	answer ques	stions
(If you answered "no," STOP; you need not of who you represent and go on to the next que. Name, address and telephone number of each	estion)			provide the name
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 question.)			☐ Yes wered "yes,'	No No go on to the next
Speaking Limits: Public Hearing (Comr Information Hearing 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 are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	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:	3-,	2 - 2	2010	14
Daw.	•			

Registration Statement	Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. <u>13-14</u>	Name Bob Curlog Address 50 South (oth St Bulle 30 Mpls MN
Please check the appropriate box: Support Oppose Neither Support Nor Oppose	Please check the appropriate box: Wish to speak Do not wish to speak 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
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

Are you an elected offic other governmental bod	ll or employee who is appearing solely on behalf of your office or for your municipality or Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	the question, STOP. You need not complete the rest of this form, except that you must sign "no" to the question, go on to the next question.)
If you are being paid for that:	your representation, or if your appearance is part of other paid duties, please be advised
	u engage in lobbying as a lobbyist, you or your principal must file an authorization City Clerk
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period (incipal spends or will owe more than \$1,000 for lobbying services in any reporting alf year), the principal must file expense statements with the City Clerk for the of the calendar year?
	Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at unty Building, Madison, for more information)
Date	Signature
,	Print Name

Date: $\frac{3/2}{10}$

	COMMITTEE	
Please Print		
A Total Carlos	PLEASE	E PRINT NAME CLEARLY
12/1	Name	Scott Musmole
Agenda No.	Address	33, 5, 5TATE #400
		CHICAGO, FI
Please check the appropriate box:		Please check the appropriate box:
Support		T
Oppose	AND	Do not wish to speak Available to answer questions
Neither Support Nor Oppos	se	
At this meeting are you representing an org	ganization or a perso	on other than yourself: Yes No
(If you answered "no," STOP ; you need no of who you represent and go on to the next		t of this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ch person or organi	ization you are representing:
MOSERY TREED -	+Assoc.	
33. S. STATE	#400	
CHICAGO, IC		
CHICHEO , IC		. /
Are you being paid for your representation	?	Yes No
Are you appearing as part of your other par		
(If you answered "no," STOP ; you need n question)	ot complete the res	t of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Co	ommon Council)	
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Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of other governmental body? Yes No	r
(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.)	ท
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:	d
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Date $\frac{3}{\sqrt{10}}$ Signature $\frac{3}{\sqrt{20}}$	
Print Name 5, Mci AND	_

Date: $\frac{3}{2} \frac{10}{10}$

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print	PLEASE F	PRINT NAME CLEARLY
Agenda No. 13-14	NameAddress	JA à BELL Opassa 1000 Nuclet Mal Myb. MN 55403
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
Name, address and telephone number of each p	omplete the rest of stion) erson or organiza	this form If you answered "yes," provide the name tion you are representing:
1000 Nindlet	Mell, Mg	Us-MN 55403
Are you being paid for your representation?		Yes \(\sum \) No
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not co question)	nties for this perso complete the rest o	on or organization? Yes No f this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Comm Information Hearing		minutes

Are you an elected official or employee who is appearing solely on behalf of your of other governmental body?	ffice or for your municipality or Yes No
(If you answered "yes" to the question, STOP. You need not complete the rest of this this form. If you answered "no" to the question, go on to the next question.)	form, except that you must sign
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2. Your principal is not permitted to authorize you to lobby unless you City Clerk.	u are registered with the
If your principal spends or will owe more than \$1,000 for lobbying period (half year), the principal must file expense statements with remainder of the calendar year?	services in any reporting the City Clerk for the
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> Room 103 of the City-County Building, Madison, for more information)	or go to the Clerk's Office at
Date 3/2/10 Signature	
Print Name JAU BEUL	

Date•	3	- °	2	 10
Date.				 <u> </u>

itegistiatic		
Please Print	COMMITTEE	
	PLEASE PRINT NAME O	LEARLY
Agenda No. 2	Name Holen For Address 33 south	ak Stalo Chart
	Cheling	IC 6
Please check the appr	propriate box: Please che	ck the appropriate box:
Support Oppose Neither Sup		speak wish to speak ole to answer questions
(If you answered "no,	ou representing an organization or a person other than yourse, "STOP; you need not complete the rest of this form. If you and go on to the next question.)	
Name, address and tele	lephone number of each person or organization you are repre-	esenting:
3/2	675 5345	<u> </u>
157 So	out 3 State Streat OSac	48
Are you being paid for	or your representation?	Yes No
	s part of your other paid duties for this person or organization o," STOP; you need not complete the rest of this form. If you	
Speaking Limits:	Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes	

e you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ler governmental body?
you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign s form. If you answered "no" to the question, go on to the next question)
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lease go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at som 103 of the City-County Building, Madison, for more information.)
ate $3-2-6$ Signature
Print Name / Toky -/ L/C

	71	1	5.3	No. of
Date:	2/2	110		

Please Print PLEASE PRINT NAME CLEARLY Name Im RRELL Address 39.5.5 TATE 5T. CHGO, IL 60607 Please check the appropriate box: Wish to speak Do not wish to speak Do	Registration Statement	Common Council COMMITTEE	
Agenda No. 13 214 Address 23 5. 5 TATE 5T. CHGO, 12 6060 > Please check the appropriate box: AND	Please Print		
Address 39 5 . 5 TATE 5T. Cff 9 . /L 60607 Please check the appropriate box: 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: Def Ph FREED THESO = 33 5 STATE ST. Cff 90 (L 6060 ** 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		PLEASE PRINT NAME CLI	EARLY
Please check the appropriate box: Support	12 11/		
Please check the appropriate box: Support	Agenda No. 12414	Address 33 5. 5 TATE	£ 5T.
Please check the appropriate box: Support		CH90, 12	60602
Oppose AND Do not wish to speak Available to answer questions	Please check the appropriate box:		
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: SFPH FREED + HSSOC 33 5 STATE ST. Cft 90 (L 6060 " Are you being paid for your representation? Yes No Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes		AND Do not wis	sh to speak
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Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes	(If you answered "no," STOP ; you need not of who you represent and go on to the next quality Name, address and telephone number of each	complete the rest of this form. If you an uestion) n person or organization you are represent	swered "yes," provide the name
Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes	335 STATES	et.	
Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes	C#90 14 6	0602	
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes	_		✓ Yes □ No
Information Hearing 3 minutes	(If you answered "no," STOP; you need not		
Otto Itelis casa communicati da anternamento da Italia S	Information Hearing	3 minutes	

Are vou an el	ected official or employee who is appearing solely on behalf of your office or for your municipality or
other governn	
(If you answe this form If y	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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Date	Signature Jan Janel
	Print Name JAMES FARREL

Date: 03/02/10

Negistiation Statement -	COMMITTEE	
Please Print		
	PLEASE PRINT NAME CLE	ARLY
Agenda No. 13/14	Name MAPM SHAT	TEP
	Address 3(25 Quail	AV.N.
	Golden Val	ley MN
Please check the appropriate box:	Please check the appropriate box:	
Support Oppose Neither Support Nor Oppos	AND Wish to spe	
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 quality Name, address and telephone number of each	t complete the rest of this form. If you ans question)	
TAPGET	•	
	11	
1000 Nicollet Ma Minneapolio, MN	612.761.916]	
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	I duties for this person or organization? It complete the rest of this form. If you any	Xes No No wered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes	

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ey Oches
Date 03.02-10 Signature // My Off
Print Name MARY T. SHAFPER