

Date: 1/8/08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

08166

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. 16

Name Van Pfeiffer  
Address 709 N Middle Blvd #11  
Madison WI 53705

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 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?  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

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee 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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*(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://www.cityofmadison.com/clerk/index.html) or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 12/8/08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print 08166

PLEASE PRINT CLEARLY

Name Adam Fink  
Address 270 N South Street  
Palatka IL 60660

Agenda No. 16

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 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:

Adam Fink  
270 N South Street  
Palatka IL 60660

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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Information Hearing..... 3 minutes

**REGISTRATION STATEMENT - PAGE 2**

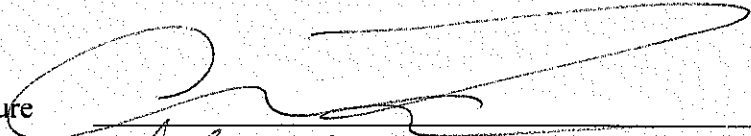
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Date 1/8/08 Signature   
Print Name Adam Fink

Date: \_\_\_\_\_

**CITY OF MADISON**

**Registration Statement - Common Council**

COMMITTEE

Please Print

08146

PLEASE PRINT CLEARLY

Name

SCOTT McLAMORE

Address

Agenda No.

16

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 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:

JOSEPH FREED + ASS.

220 W. SMITH ST.

PACATIME ILL 60056

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

**REGISTRATION STATEMENT - PAGE 2**

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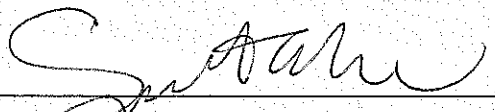
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Date 1/8/08

Signature   
Print Name SCOTT MCCAMORE

Date: 1-8-07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print 08146

PLEASE PRINT NAME CLEARLY

Name STEVE UHLARIK

Address C/O JOSEPH FREED & ASSOC.  
220 N. SMITH ST.  
PALATINE IL 60067

Agenda No. 16

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

Please check the appropriate box:

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

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(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:

JOSEPH FREED AND ASSOC. PALATINE, IL 847 2155502

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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REGISTRATION STATEMENT - PAGE 2

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Date 1-8-08

Signature Stephen Uhlarik

Print Name STEPHEN UHLARIK



Date: 1 8 08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print 08164  
Agenda No. 16

PLEASE PRINT NAME CLEARLY

Name Ray White  
Address 6515 Grand Teton

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

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:  
Dinner - 10 Madison 829.4444  
Joseph Freed Pullatine, IL 847.215.5345

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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Information Hearing.....3 minutes

REGISTRATION STATEMENT - PAGE 2

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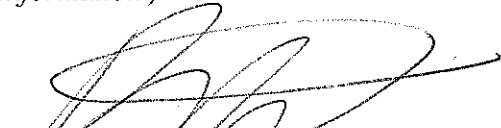
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Date 1-2-08

Signature

Print Name

  
\_\_\_\_\_  
Bryon White