Date:	1/8/08
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CITY OF MADISON

Registratio	n Statement 66	Common C	ouncil		
	·	PLEASE	PRINT NAME CLEA	ARLY	
Agenda No.	6	Name Address	709NMi Madison	dule	B(Vd = +(
Please check the appro	opriate box:		Please check the	e appropriat	e box:
Support Oppose Neither Sup	port Nor Oppose	AND	Wish to spea Do not wish Available to	to speak	ions
At this meeting are you (If you answered "no," of who you represent an	STOP; you need not	complete the rest	on other than yourself: of this form. If you answ	Yes Yered "yes," j	
Name, address and telep	phone number of each	person or organi	zation you are representi	ng:	
·					
Are you being paid for	your representation?			Yes	☐ No
Are you appearing as pa (If you answered "no," question)			son or organization? t of this form. If you answ	☐ Yes vered "yes,"	☐ No go on to the next
	Public Hearing (Comr Information Hearing				

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
		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 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 the City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

Date: 18/8/08

CITY OF MADISON

Registration Statement -	Common Council COMMITTEE
Please Print 08166	고등 등을 하는 하는 것이 되었는 것은 것은 것이 되는 것이 되는 것이 하는 것이 되었다. 그런 것이 되었다. 그 사람들은 사람들이 들어가는 것이 되는 것이 되었습니다.
Please Print	PLEASE PRINT CLEARLY
	Name Down Fink
Agenda No.	
	Address 20 11 Cath Start
	12/2til 1 (00610)
Please check the appropriate boxes:	
	and Wish to speak
Support Oppose	Do not wish to speak
Oppose _ Neither Support Nor Oppos	Available to answer questions
At this meeting are you representing an orga	anization or a person other than yourself: Yes No
If you answered "no," STOP; you need 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 q	question)
Name, address and telephone number of eac	ch person or organization you are representing:
Adr En	
270 N Sat	<i>Y</i>
Pala Fame	<u>C606</u>
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid of your answered "no." STOP: you need no	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
	a complete the rest of this form if you districted you, go on to the hear
(uestion)	
question) Speaking Limits: Public Hearing (Con	nmon Council)5 minutes

	Are you an elected official or employee who is appearing solely on behalf of your office of for your municipality or other governmental body?		
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question)		
If you are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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Date	8/0 P Signature		

	Date:
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print 08146	
ricase friiii O V	PLEASE PRINT CLEARLY
	Name Scott McCamous
Agenda No.	Address
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppos	e Avantable to answer questions
	anization or a person other than yourself: Yes No t complete the rest of this form If you answered "yes," provide the name question)
Name, address and telephone number of eac	h person or organization you are representing:
LOSEPH FRONT	
220 N. SM. TH ST	
PACATINE ICL	60056
Are you being paid for your representation?	¥ Yes □ No
	duties for this person or organization? Yes No st complete the rest of this form If you answered "yes," go on to the next
question)	
	nmon Council) 5 minutes 3 minutes

	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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 being that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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	AaA		
Date //s	Print Name Signature Print Name		

	Date: 1-8-07
	CITY OF MADISON
Registration Statemer	t - Common Council
Please Print 08146	PLEASE PRINT NAME CLEARLY
Agenda No/ 🎸	Name STEVE UHLARIK Address C/O JOSEPH FREED & ASSOC. PALATINE IL 60067
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Op	Wish to speak Do not wish to speak Available to answer questions
	organization or a person other than yourself: Yes No d not complete the rest of this form. If you answered "yes," provide the name text question.)
Name, address and telephone number o	f each person or organization you are representing:
JOSEPH FREED AND	ASSOC. PALATINE IL 847 2155502
Are you being paid for your representat	ion? Yes No
	paid duties for this person or organization? Yes No No ed not complete the rest of this form. If you answered "yes," go on to the next
	(Common Council) 5 minutes aring 3 minutes

		cted official or employ ental body?	vee who is appeari	ng solely on behalf o	f your office or for you Yes	
1 0 0		ed "yes" to the question wanswered "no" to th		-	st of this form, except to	hat you must sign
If you a that:	ıre bein	ng paid for your repres	sentation, or if yo	ur appearance is part	of other paid duties, p	please be advised
	1.	Before you engage in with the City Clerk	lobbying as a lob	byist, you or your pri	ncipal must file an auth	norization
	2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk				
	3		ne principal must		obbying services in any ents with the City Cler	
		the City Clerk's wel ie City-County Buildin			ex.html or go to the (Clerk's Office at
Date	/	- 8-08	Signature	Styl STEPHEN	Union	
			Print Name	STEPHEN	UHLANIK	

Date:	8	08

CITY OF MADISON

Registration Statement -	Common Council
Please Print 08166 Agenda No	PLEASE PRINT NAME CLEARLY Name Ray Mite Address 6515 Grand Total
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 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:
Doeph Freed Ru	1 8729.4444 White, IL 847-215-95345
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)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
	nmon Council) 5 minutes 3 minutes

Are you an eleother government	ected 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 ou answered "no" to the question, go on to the next question)
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Date	Signature Print Name RywMire