TD#-0892S

Date: 2/26/08

Registration Statement -	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 49 08925	Name James Westring Address 1132 Drake St Madison, WI 53715
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
of who you represent and go on to the next que Name, address and telephone number of each	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 complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

Are you an el other governn	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.)
If you are beithat:	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?
, –	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	Signature
	Print Name

Date: 2-16-08

Registration Stateme	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name JACK HOLZHUETER
Agenda No. 49	Address 9099 KATZENBUECHEL
	MAZOMANIE, WI53560
Please check the appropriate boxes:	
SupportOpposeNeither Support Nor O	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing a (If you answered "no," STOP ; you no of who you represent and go on to the	an organization or a person other than yourself: Yes No eed not complete the rest of this form. If you answered "yes," provide the name enext question)
Name, address and telephone number	of each person or organization you are representing:
Are you being paid for your represent	tation?
Are you appearing as part of your oth (If you answered "no," STOP; you nate question.)	ner paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Information I	g (Common Council) 5 minutes Hearing 3 minutes 3 minutes

Are you an ele other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? \textstyle Yes \times No
	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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	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 <u>Feb</u>	1. 26, 2008 Signature John Holzhette Gach) Print Name JOHN O HOLZHVETER CHOR
	Print Name JOHN O HBLZHVETER (TACK)

Date:	2/	26
Dute.		

Registrati	ion Statement -	COMMITTEE	ouncil		<u> </u>
Please Print		PLEASE	PRINT NAME CLEA	ARLY	
1	2	Name _	ERICA FOY		
Agenda No.		Address _	1811 VILAS	S AUE	
Please check the app	propriate box:		Please check th	ie appropria	te box:
Support Oppose Neither Su	pport Nor Oppos	AND	Wish to specific Do not wish Available to	to speak	stions
(If you answered "no	ou representing an orga ," STOP; you need no and go on to the next o	t complete the rest	n other than yourself: of this form. If you answ	☐ Yes wered "yes,"	☐ No ' provide the name
Name, address and te	lephone number of eac	ch person or organiz	zation you are represent	ing:	
					·
Are you being paid for	or your representation?	,		Yes	□No
Are you appearing as (If you answered "no question)	part of your other paid o," STOP; you need no	d duties for this pers ot complete the rest	son or organization? of this form If you ans	Yes [] Yes [] Yes, '	No on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	Z	3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No	
	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 that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised	
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Date	Signature	
	Print Name	

Date: 2/26/08

Registration Statement -	Common Council
소설 등의 경찰 구는 등 일을 때 하는 것 같아. 지나는 사람들은 사람들은 말을 받는 것 같아 있다.	로르마 COMMITTEE : 하는 자꾸 등로 기업으로 되는 것으로 하는 것 같은 것이다. 그는 것으로 하는 것이다. 하는 하나 보고 있는 것은 것으로 하는 것이다.
Please Print	그는 그들은 얼마는 아는 얼마는 아니라도 말하는 뭐가 할 때 모든 모든 모든 것
en de production de la production de la companya d La companya de la co	PLEASE PRINT CLEARLY
	Name Henry bane
Agenda No.	Address 523 E. Gorhan
	madis. 1 W1 53703
Please check the appropriate boxes:	
	and Wish to speak
Support	and Wish to speak Do not wish to speak
Oppose Neither Support Nor Oppo	Available to answer questions
Neither Support Not Oppo	
At this meeting are you representing an org	ganization or a person other than yourself: Yes No
(If you answered "no," STOP ; you need no of who you represent and go on to the next	not complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next	questions)
Name, address and telephone number of ea	ach person or organization you are representing:
Are you being paid for your representation	\square Yes \square No
Are you appearing as part of your other pa	id duties for this person or organization?
(If you answered "no," STOP; you need need need need need need need nee	not complete the rest of this form. If you answered "yes," go on to the next
Special Limiter Dublic Heaving (Co	ommon Council)5 minutes
	ng 3 minutes
	3 minutes

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or learnmental body?
	swered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 of the City-County Building, Madison, for more information.)
Date	Signature Print Name

Date: 226/08

Registration	Statement -	Common C	ouncil		
		COMMITTEE			
Please Print					
110000111110		PLEASE	PRINT NAME CLEA	RLY	
	_	Name	Michael Bridge	m Dn	
Agenda No. 40	9	Address	Michael Bridge, 106 5 Frankl	in St	
		·	Madison WI		
Please check the approp	riate box:		Please check the	appropriat	te box:
Support	_		Wish to speak	ς ·	-
Support Oppose		AND	Do not wish t	o speak	
	┗ ort Nor Oppose		Available to a	ınswer quest	tions
				· .	
At this meeting are you re (If you answered "no," S of who you represent and	$ extbf{\textit{TOP}}$; you need not c	complete the rest	on other than yourself: of this form If you answe	Yes <pre>red "yes,"</pre>	<u> No</u> provide the name
NT 14			ation vou era ranvagantir	no:	
Name, address and teleph	one number of each	person or organi	zation you are representing	ıg.	
Are you being paid for yo	our representation?			Yes	⊠ No
Are you appearing as part (If you answered "no," S question)	t of your other paid d	luties for this per complete the resi	son or organization? of this form If you answ	Yes Yes,"	No go on to the next
In	ublic Hearing (Comn formation Hearing ther Items		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?					
	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)				
If you that:	are bei	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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(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 _	2/24	Signature Hichael K. B. James Michael K. Bridgeman			

Date: 2/28/08

Registration Statement	COMMON COUNCIL
Please Print	
	PLEASE PRINT CLEARLY
	Name healt Tellers
Agenda No. 49	Name healt Tellers Address 510 N Carroll St
	Address
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Please check the appropriate boxes:	### [Belging Tark] ###################################
Support	and Wish to speak Do not wish to speak
Oppose	Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ	nization or a person other than yourself: Yes \sum 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 qu	iestion)
Name, address and telephone number of each	person or organization you are representing:
Capitol	Neighborhoods
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid	duties for this person or organization?
(If you answered "no," STOP ; you need not question)	complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	mon Council) 5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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 b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
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Date: 3/26/08

Registration Statement	Common Council
() ()	는 COMMITTEE : All The All The Articles of the Articles All The Articles All The Articles Articles Articles Art Articles Articles Ar
Please Print	
	PLEASE PRINT CLEARLY
	Name Carolyn Freiwald
Agenda No.	Address 1442. Williamson
	Madisa W 53703
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ	nization or a person other than yourself: Yes
(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 qu	uestion)
Name, address and telephone number of each	n person or organization you are representing:
Madisa Trust 7	for Histoire Preservation
PK, note 3 of	her individuals sent their supporting (see attached symatrics) INO
Frethe trind	ine (see attached signatury)
Are you being paid for your representation?) Cs WNo
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 question)	t complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes
	minutes minutes
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		lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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•	_	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		Signature
		Print Name

JD#08925

Date: 2-26-08

Registration	on Statement -	Common Council
Please Print		PLEASE PRINT CLEARLY
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4.0		Name Kurt Stege
Agenda No.	1	Address 82 Cambridge Rd
		Name Kurt Stege Address 82 Cambridge Rd Madwon, WD 53709
Please check the appro	opriate boxes:	
Support		and Wish to speak
Oppose		Do not wish to speak
	pport Nor Oppos	Available to answer questions
(If you answered "no, of who you represent	" STOP; you need no and go on to the next o	anization or a person other than yourself: Yes No of complete the rest of this form If you answered "yes," provide the nan question) ch person or organization you are representing:
Are you being paid fo	r your representation?	? ☐ Yes ☑ No
Are you appearing as (If you answered "no question)	part of your other paid." 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 ne
Speaking Limits:	Information Hearing	mmon Council)5 minutes g3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body? Yes No
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	Print Name

	Date: <u>2/26/08</u>
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print Agenda No. 49	PLEASE PRINT NAME CLEARLY Name My Wyatt Address 1141 Jenifer St. Madison, WI 53703
Please check the appropriate box:	Please check the appropriate box:
 ✓ Support ☐ Oppose ☐ Neither Support Nor Oppos 	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 of	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:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid	I 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

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

question.)

Speaking Limits:

		lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No		
		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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		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	2/14	olo 8 Signature My Wyatt Print Name Army Wyatt		

CITY OF MADISON

Common Council

Registration Statement -COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Agenda No. Address Please check the appropriate box: Please check the appropriate box: Wish to speak Support AND Do not wish to speak Oppose Available to answer questions **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: ∃Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form If you answered "yes," go on to the next question.) Public Hearing (Common Council) 5 minutes Speaking Limits: Information Hearing 3 minutes

Other Items 3 minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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Date _		Signature
		Print Name

Date: 2/26/08
NICHOLS
32007 DR #204
W 53725
n to speak
ot wish to speak
IANIA TA ABBITAN MIJASTIANS

Registrati	on Statement	Common C	Council
		COMMITTEE	(1948년 - 1942년 1948년 - 1948년 1948년 - 1948년 - 1941년 - 1 1942년 - 1948년 - 1948년 - 1948년 - 1941년
Please Print		and the second of the second of	PRINT CLEARLY
. 165		Name	TREM NICHOLS
Agenda No.		Address	TRENT NICHOLS 5325 BRODY DR #204
			MADISON WI 53725
Please check the appr	onrigte hoves		
riease check the appr	opirate boxes.		<u> - 1 시설</u> - 1 기업 등 기업 등 등을 받는 것이다.
Support			and Wish to speak Do not wish to speak
Oppose Noither Su	pport Nor Oppose		Available to answer questions
At this meeting are yo	u representing an organ	nization or a perso	on other than yourself: Yes No to fthis form. If you answered "yes," provide the name
	and go on to the next q		of this form if you this were a yes, provide the name
Name address and te	enhone number of each	nerson or organi	zation you are representing:
Traine, address and to		r porson or organ	
Are you being paid fo	r your representation?		☐ Yes ☐ No
	part of your other paid "STOP; you need not		rson or organization? Yes No t of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com		
	Information Hearing Other Items		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	Print Name