LD# 08926 08927	Date: 4/22/08
08928	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. <u>47, 48, 49</u>	Name LEDELL ZELLERS Address 510 W Carroll 8t
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 organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ 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

Yes Yes

Are you appearing as part of your other paid duties for this person or organization?

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

question)

Speaking Limits:

	elected 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 both	eing 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?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 4-22-08

Registration Statement	Common Council COMMITTEE		
Please Print			
	PLEASE PRINT CLEARLY		
1101110	Name MAN SChmus		
Agenda No. 47 48,47	Address 7/0 Maruntill 7/7		
Please check the appropriate boxes:	0, 144		
Support	and Wish to speak Do not wish to speak		
Oppose Neither Support Nor Oppose	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	n person or organization you are representing:		
- 615 C- VV U			
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		
	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 bei that:	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.
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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?
	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 4	22-D8 Signature MMM Mohmith
	Print Name

	Date: $4-22-08$
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 47, 48, 49	Name Joe LVSSON Address 627 E. GORHAM 54
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 organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name nestion)
Name, address and telephone number of each	person or organization you are representing:
Are you being paid for your representation?	☐ Yes ᡬNo
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question)	

Public Hearing (Common Council).....5 minutes Information Hearing.......3 minutes

Other Items 3 minutes

Speaking Limits:

Are you an eother govern	elected 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:	eing 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?
Room 103 of	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) $-22-68$
Date	-22-08 Signature Decumber Print Name Joe Lusson
	Print Name Joe (U550N

Date: 4	22	08	
	1	100	 · · · · · · ·

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 47,48,49	Name Mes Hamel Address 118 Ohio Ave. Madison Of
Please check the appropriate boxes:	
✓ 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 q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	ch person or organization you are representing:
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? Yes No to 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 el other governn		ployee who is appearing	solely on behalf of your office or for your municipality or Yes No
		estion, STOP. You need n o the question, go on to t	not complete the rest of this form, except that you must sign the next question.)
If you are be	ing paid for your re	epresentation, or if your	appearance is part of other paid duties, please be advised
1	Before you engag with the City Cler		ist, you or your principal must file an authorization
2.	Your principal is City Clerk.	not permitted to authorize	ze you to lobby unless you are registered with the
3.), the principal must file	than \$1,000 for lobbying services in any reporting e expense statements with the City Clerk for the
		website <u>www.cityofmadi</u> lding, Madison, for more	lison.com/clerk/index.html or go to the Clerk's Office at information.)
Date	122/08	Signature	Matamel
		Print Name	Mei Hamel

Date: 4(22/08

Registration Statement	Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
47-48-49	Name EUGENE DEVIA
	Address
Please check the appropriate boxes:	
Support	and Wish to speak Do not wish to speak Available to answer questions
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
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. Name, address and telephone number of each	물건 하다면 하다 하는 사람들은 사람들이 하는 사람들은 그들은 그 없었다.
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 eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 bei that:	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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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 www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at he City-County Building, Madison, for more information.
Date //	Print Name E.S. DEV: &

Date: 4-22-08

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 46	Name Carol Crossan Address 512 E Main St Madison WI 53703
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions se
At this meeting are you representing an orga (If you answered "no," STOP; you need no 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 each	ch person or organization you are representing:
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)	d duties for this person or organization? Yes No of 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

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
7 - 7 - 7 - 7	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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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?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	4,	/22	108	

Registration Statement -	Common Council COMMITTEE
<u>Please Print</u>	PLEASE PRINT CLEARLY
Agenda No. 4, 6 (10), 69	Name Amy Wyath Address 1141 Jonifor St. Madism. WI
Please check the appropriate boxes:	
✓ 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 no 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	ch person or organization you are representing:
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? Yes No No st complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing	第二章 医克勒氏征 医克萨氏试验 机基本 化二氯基苯二甲基苯基甲基苯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基

	elected official or employee when mental body?	o is appearing sole	ely on behalf of your office or for your municipality or Yes No
	wered "yes" to the question, STO f you answered "no" to the quest	· · · · · · · · · · · · · · · · · · ·	complete the rest of this form, except that you must sign next question)
If you are b that:	being paid for your representation	on, or if your app	earance is part of other paid duties, please be advised
1.	Before you engage in lobbyi with the City Clerk.	ng as a lobbyist, y	you or your principal must file an authorization
2	Your principal is not permit City Clerk	ted to authorize y	ou to lobby unless you are registered with the
3.		cipal must file ex	n \$1,000 for lobbying services in any reporting spense statements with the City Clerk for the
	to the City Clerk's website <u>w</u> of the City-County Building, Mad		<u>.com/clerk/index.html</u> or go to the Clerk's Office at ormation.)
Date $\frac{4}{2}$	22/08 Sig	nature f_{μ_1}	Nyot
	Pri	nt Name Amy	, Wyatt

Date:	41	22/	8	_
Anna Carlotte				 _

Registration Statement -	Common C	ouncil				
Please Print	PLEASE I	PRINT CLEARLY				
	Name	ERICA FOR	(BEHK	216-		
Agenda No. 46, 47, 48, 49	Address	1 1 1 1 A-2				
		MADISON I				
Please check the appropriate boxes:						
Support Oppose		and Wish to spe		tions		
Neither Support Nor Oppose						
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 Name, address and telephone number of each	complete the rest uestion)	of this form. If you answ		¡ऒNo provide the name		
Tvanie, address and terephone named of each	i person or organi					
			· .			
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)			☐ Yes wered "yes,"	☐ No ' go on to the next		
Speaking Limits: Public Hearing (Com- Information Hearing Other Items		3 minutes				

	elected 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:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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
	Print Name

Date: 4 22 68

i (egistia)	ion Statement -	COMMITTEE	Journey		
Please Print		PLEASE	PRINT CLEARL	Y	
Agenda No.	-248 249	Name Address	LAWE 2657 WADI	CENCE MILI	LESTER WAUKEF ST 53704
Please check the app Support Oppose Neither Si	ropriate boxes: Ipport Nor Oppos	s e	∑ Do	sh to speak not wish to sp iilable to answ	
(If you answered "no of who you represent	ou representing an org o," STOP ; you need no and go on to the next elephone number of each	ot complete the resi question)	t of this form. If	you answered	Yes No No "yes," provide the name
Are you being paid f	or your representation?				Yes No
	s part of your other paid, "STOP; you need no				Yes No Wes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	g.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 minutes		

	elected 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 b that:	eing 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 fithe City-County Building, Madison, for more information.)
Date	Signature
	the second s

			Date:_	4/2	22 /	8
	ITY OF MA	DISON				
Registration Statement - <u>C</u>	COMMON C	Council				
Please Print	PLEASE	PRINT CLEARL	Y			
Agenda No. 47, 48, 49	Name Address	ERIK 118 C	GUNN HIO AV	ESO1	V	
		MADI				
Please check the appropriate boxes:						
Support Oppose Neither Support Nor Oppose		∑ Do	h to speak not wish to spe ilable to answe		ons	
At this meeting are you representing an organiza (If you answered "no," STOP; you need not con of who you represent and go on to the next quest	nplete the rest				☑ No rovide	
Name, address and telephone number of each pe	rson or organi	zation you are re	epresenting:			
Are you being paid for your representation?				Yes	No No	
Are you appearing as part of your other paid duting (If you answered "no," STOP; you need not conquestion)				Yes "yes," g	No No on to	

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes

Other Items 3 minutes

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) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 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? (Please go to the City Clerk's website 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 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? (Please go to the City Clerk's website 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.)		게 있습니다. 그리면 하는 사람들은 하는 등로 있는데 하고 있다는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하				
this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 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? (Please go to the City Clerk's website 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.)						
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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? (Please go to the City Clerk's website 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 4 22 8 Signature S		ing paid for your representation, or if your appearance is part of other paid duties, please be advised				
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? (Please go to the City Clerk's website 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 4 22 8 Signature						
period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website 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 1 22 8 Signature	2					
Room 103 of the City-County Building, Madison, for more information.) Date 4/22/8 Signature	3.	period (half year), the principal must file expense statements with the City Clerk for the				
로마 하는 그는 선생님들이 하는 얼굴로 걸었다면 얼굴로 보기를 하는 것이 하는 것이 되는 것이 없는 것이 없는데 되었다면 하는데 사람이다.						
Print Name ERIK GUNNESON	Date 4	22/8 Signature Ently				
		Print Name ERIK GUNNESON				

Date: 4-22-08

Registration Stat	ement - Common	ı Council
	COMMITTEE	
Please Print	PLEAS	SE PRINT CLEARLY
Agenda No. 47, 48	Name	Kurt M. Stees
Ageilda No.	Addre	Kurt M. Stege ss 82 Cambridge Rd. Madison, WI
Please check the appropriate box		
SupportOpposeNeither Support N	or Oppose	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
of who you represent and go on	you need not complete the r to the next question)	est of this form. If you answered "yes," provide the name
Name, address and telephone nu	mber of each person or org	anization you are representing:
Are you being paid for your rep	resentation?	☐ Yes ★ No
Are you appearing as part of you (If you answered "no," STOP; question)	ur other paid duties for this you need not complete the	person or organization? Yes No rest of this form. If you answered "yes," go on to the next
	learing (Common Council) tion Hearing ems	

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 bei that:	ng 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		
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: _	4/22/08
		CITY OF MAD	ISON		
Registration	on Statement	Common Co	ouncil		
Please Print Agenda No. #47,	48,49		RINT CLEARLY Jonatha 208 5 Madison	n Con Heurn	oper 54. 53703
Please check the appro	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose		🔽 Do no	to speak of wish to spe able to answ	
(If you answered "no,	u representing an organ " STOP; you need not and go on to the next qu	complete the rest of	other than your of this form. If yo		Yes ☑No "yes," provide the name
Name, address and tel	ephone number of each	ı person or organiza	ation you are rep	oresenting:	
Are you being paid fo	your representation?				Yes No
	part of your other paid " STOP; you need not				Yes \[\] No "yes," go on to the nex
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		minutes		

		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 that:	are bei	ng 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?			
-	_	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	4/2	2/08 Signature butter O cop			
		Print Name long than D. Cooper			