ID# 13187

Date: 2/24/2009

	Common Council
Please Print = 3	OMMITTEE PLEASE PRINT CLEARLY
Agenda No. <u>13/87</u>	Name GENE GOWEY Address 1314 N. Stoughton Road MADITION W. 53714
Please check the appropriate boxes: Support Rawn Fars to be the oppose 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 organiza (If you answered "no," STOP ; you need not con of who you represent and go on to the next quest	nplete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each per	rson or organization you are representing:
TEAMSTER UNION LOCA	L No. 695
1314 N. Stoughton Rd MAdison Wi 5:	Ph 244-6207 3714
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duti (If you answered "no," STOP ; you need not conquestion.)	ies for this person or organization? Yes No mplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Information Hearing Other Items	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 you answered "no" to the question, go on to the next question.)
If you are l that:	being 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?
(Please go Room 103 d	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

-	A /
	 2124/119
Date	 2124107
Date.	 00100

Registrati		ommon Council	3	
Please Print	CO	PLEASE PRINT CLEARLY		
Agenda No.		Name <u>COUN COUN</u> Address <u>5410 FLAD</u> WADISON	AVE	53711
Oppose Neither Su At this meeting are you (If you answered "no of who you represent)	pport Nor Oppose ou representing an organizate," STOP; you need not come and go on to the next question	and Wish to speal Do not wish Available to do not a person other than yourself: plete the rest of this form. If you answoon)	to speak answer ques Yes ered "yes,"	□No
Are you appearing as (If you answered "no question)	," STOP; you need not com	es for this person or organization? uplete the rest of this form. If you answ	☐ Yes ☐ Yes vered "yes,"	☑No □No go on to the next
Speaking Limits:	Public Hearing (Common 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 that:	are b	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: = 2/24/09

Registratio		OHIMOH COUL	IGH		
Please Print		OMMITTEE PLEASE PRIN	T CLEARLY		
Agenda No	3	Name	18 5 Con Madison	nmon UT 53	Kel #8
At this meeting are you (If you answered "no,"	port Nor Oppose representing an organiza STOP; you need not conned go on to the next quest	tion or a person oth nplete the rest of th	ner than yourself:	to speak answer quest	No
Name, address and tele	phone number of each pe	rson or organizatio	n you are represent	ing:	
Are you being paid for	•			Yes	□No
	art of your other paid duti 'STOP; you need not con			☐ Yes wered "yes,"	☐ No go on to the next
	Public Hearing (Commor Information Hearing Other Items	3 mir	nutes		

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you this fo	answei rm. 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)
If you that:	are be	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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

Date: 33409

CITY OF MADISON

Registration Statement - Common Council

Please Print	PLEASE PRINT CLEARLY
4-1	Name Man Monneth.
Agenda No.	- Address 3/10 marinette ffr.
13/87	
Please check the appropriate boxes Support Oppose	and Wish to speak Office of the speak
Neither Support Nor	
(If you answered "no," STOP ; you of who you represent and go on to	ng an organization or a person other than yourself: Yes No u need not complete the rest of this form. If you answered "yes," provide the name the next question) oer of each person or organization you are representing:
Are you being paid for your repres	entation?
Are you appearing as part of your (If you answered "no," STOP; yo question.)	other paid duties for this person or organization? Yes No we need not complete the rest of this form. If you answered "yes," go on to the next
Information	ring (Common Council) 5 minutes 1 Hearing 3 minutes 2 minutes

		REGISTRATION	N STATEMENT - PAGE 2	
Are you an el other governn		ee who is appea	ring solely on behalf of your off	ice or for your municipality or Yes No
	red "yes" to the question ou answered "no" to the		red not complete the rest of this f to the next question)	orm, except that you must sign
If you are be that:	ing paid for your repres	entation, or if y	our appearance is part of other	paid duties, please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lo	bbyist, you or your principal mu	st file an authorization
2	Your principal is not City Clerk.	permitted to aut	horize you to lobby unless you	are registered with the
3.	If your principal spen period (half year), th remainder of the calen	e principal mus	nore than \$1,000 for lobbying set file expense statements with t	rvices in any reporting the City Clerk for the
	o the City Clerk's web the City-County Building		madison.com/clerk/index.html or nore information)	go to the Clerk's Office at
Date X	34-09	Signature	Ankan G	chmit.
<u> </u>		Print Name		
				//

Date: 2-24-09

Registration Statement -	Common C	ouncil
Please Print		
	(PRINT NAME CLEARLY
	Name /	KOSEMARY LEE
Agenda No. 3 BUS FARES 13187	Address /	MADISON 53703
13187	1	MADISON 53703
Please check the appropriate box:		Please check the appropriate box:
Support	AND	Wish to speak Do not wish to speak
☐ Oppose☐ Neither Support Nor Oppos	 e	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 Name, address and telephone number of each	t complete the rest question)	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 no question)	I duties for this pers ot complete the rest	son or organization?
Speaking Limits: Public Hearing (Con Information Hearing Other Items	3	3 minutes

Are you an e other governi	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form If y	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)
that:	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?
(Please go t Room 103 of	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

1
>

Date:	

Registration Statement -	
<u>Please Print</u>	PLEASE PRINT CLEARLY
	Name ANDREA DISS-TORRANCE
Agenda No.	Name ANDREA DISS-TORRANCE Address (101 LAWRENCE ST MADISON WISSTIS
1318.7	MADISON WI C3715
Please check the appropriate boxes:	
Support Option Oppose Support Nor Oppose	
At this meeting are you representing an org (If you answered "no," STOP ; you need no of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ch person or organization you are representing:
*·······	F
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question)	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
Information Hearing Other Items	mmon Council) 5 minutes g 3 minutes 3 minutes
I only support th	re increuse to 2 1F service
15 imploved. For	10 years I have seen service
service from the	reighborhood. This year all neighborhood to the capital area (SEE BACK) There is no point in living in town of I have to drive I miles town to I have to drive I miles town.
Whee was of	(SEE BACK)
01/13/06-F:\Clcommon\Council Documents\Registration Form 2006.doc	FI have to drive Z miles towork

		-
		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 that:	are be	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 fithe City-County Building, Madison, for more information.)
Date		Signature Sea M
		Print Name ANDMEA DISC ROPENCE

4

Date: 2-24-2009

Registration Statement -	Common Council
	COMMITTEE
Please Print	
riease rimi	PLEASE PRINT CLEARLY
4-2	Name CHERIE WILLIAMS #
Agenda No.	Address FO BOCOD 4907 Cottag Gross KCA
13187	MADISORUF
Please check the appropriate boxes:	性性性性性 医多氏性 医二氏性 医二氏性 化二氯甲基二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甲基甲基甲
Support	and X Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	Available to answer questions
[M] Retence Support Not Oppos	
At this meeting are you representing an orga	nization or a person other than yourself: Yes X No
(If you answered "no," STOP; you need not	t complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	uestion)
Name address and talanhana number of age	h never or organization you are representing
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	
	t complete the rest of this form. If you answered "yes," go on to the next
question)	
Speaking Limits: Public Hearing (Com	nmon Council)5 minutes
	3 minutes
Other Items	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	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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, –	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 A	-24-2009 Signature Merie 1/26

Print Name

Date: Feb. 24,200?

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print		PLEASE PR	RINT NAME CLEA	RLY	
Agenda No	3 (Buc fare increase)	Name Address		ocon muette of 5	St. 3704
Please check the app	ropriate box:		Please check the	appropriate	box:
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to speal Do not wish t Available to	to speak	,
(If you answered "no,	ou representing an organiza " STOP; you need not con and go on to the next quest	aplete the rest of th			⊠No wovide the name
Name, address and tel	ephone number of each per	rson or organizatio	on you are representir	ıg:	
·					
				<u> </u>	
Are you being paid fo	r your representation?			Yes	⊠No
	part of your other paid duti " STOP; you need not con			☐ Yes vered "yes," ¿	⊠ No go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing	•			

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality other governmental 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)
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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	Feb	Print Name Anne T. Chacon

Date:	2/24/67

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. +3	Name Jere Alexander Address 3702 Packers AV 108 madison wishou
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
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and telephone number of each	ch person or organization you are representing:
· · · · · · · · · · · · · · · · · · ·	
Are you being paid for your representation?	Yes A 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 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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipal other governmental 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)	
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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 f the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 02 - 24 - 09

Registration Statement	Common Council	
	COMMITTEE	
Please Print		
	PLEASE PRINT CLEARLY	
2	Name CARL Dut	COCHER
Agenda No.	Address 1441 Well	aufa
13187		5370 ²
Please check the appropriate boxes:		
 ☐ Support ☑ Oppose ☐ Neither Support Nor Oppose 	and Wish to spec	
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 answ	☐ Yes ☒ No wered "yes," provide the name
Name, address and telephone number of each	person or organization you are represent	ing:
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 ☒ No wered "yes," go on to the next
Information Hearing	mon 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 municipality or municipality or leave the solely of the solely o
1 4 17	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign f you answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name

Datas	02-	24-	9 7	
Date:				

CITY OF MADISON

Registration Statement -**Common Council** COMMITTEE Please Print PLEASE PRINT CLEARLY ANGNEY Name Clutar 57 Agenda No. 13187. Please check the appropriate boxes: Wish to speak Support 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: 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 question) Name, address and telephone number of each person or organization you are representing: Yes Are you being paid for your representation? ☐ Yes Are you appearing as part of your other paid 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 question) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items

		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 be	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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

Date: 02/24/2009

Registration Statement	Common Council
Please Print	COMMITTEE
Flease I IIII	PLEASE PRINT CLEARLY
	Name Kenneth Kirkpatrick Address 630 Piper Dr Madison, WI 53711
Agenda No	Address 630 Piper Dr
13187	Madison, W/ 53711
Please check the appropriate boxes:	
Support✓ Oppose	and Wish to speak Do not wish to speak Available to answer questions
Neither Support Nor Oppose	e Available to allswel 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	amon 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 nmental body?
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Date	Signature
	Print Name

Date: 2/24/09

Registration Statement -	Common Council	
	COMMITTEE	
Please Print	en en la libraria de la companione de la c Resulta de la companione	
rease ring	PLEASE PRINT CLEARLY	
	Name Don Fe	cher
Agenda No.	Address 4700 /A	1/2 4.2
13187	Mad 1502	
Please check the appropriate boxes:		
Support✓ OpposeNeither Support Nor Oppose	Do not	o speak wish to speak ble 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 q	t complete the rest of this form. If you	
Name, address and telephone number of each	h person or organization you are repr	esenting:
•		
Four Lakes Group Sier	ra Clab	·
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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	amon Council) 5 minutes 3 minutes	

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? [Yes No
	vered "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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	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

CITY OF MADISON

Registrat	ion Statement	Common C	Council		
Please Print		COMMITTEE	PRINT CLEARLY		
Agenda No. 3	3187	Name Address	0 - 10	yenall H WI S3703	
At this meeting are yo (If you answered "no	pport Nor Oppose ou representing an organ	e nization or a perso complete the rest	Available on other than yourself:	sh to speak to answer questions	name
Name, address and te	lephone number of each	n person or organi	zation you are represe	nting:	
Are you appearing as	or your representation? part of your other paid "STOP: you need not			Yes No Yes No nswered "yes," go on to the	next
question) Speaking Limits:	Public Hearing (Com Information Hearing	mon Council)	5 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "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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	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: 2/24/09

		Outicii		
	OMMITTEE			
Please Print				
	PLEASE P	PRINT CLEARLY		
	Name	M.Darin B	un pia	7-1
3 /M = -	Name -			
Agenda No. 3/Matri	Address	5018 TOMA	HAWK -	Trad
13187		Madison h	12 5	5 <u>/</u> ¹ 5
Please check the appropriate boxes:				
		· - •		
Support		and X Wish to spea	ak	
Oppose		Do not wish	to speak	
			answer ques	tions
Neither Support Nor Oppose			•	
				\
At this meeting are you representing an organiza			Yes Yes	L≱(No
(If you answered "no," STOP; you need not con	mplete the rest	of this form. If you ansv	vered "yes,"	provide the name
of who you represent and go on to the next ques	țion.)	·		
Name, address and telephone number of each pe	erson or organiz	zation you are represent	ing:	
•	_		-	*
	•			
		### ### ### ### ### ### ### ### #######		
Are you being paid for your representation?			Yes	No
· · · · · · · · · · · · · · · · · · ·				
Are you appearing as part of your other paid dut	ties for this pers	son or organization?	Yes	□No
(If you answered "no," STOP ; you need not co			<u></u>	
question)	inpicie inc resi	oj iius joi iii. 1j you aiis	ireieu yes,	go on to the ness
question)				
Charling I imitat Dublic Hassing (Commo	n Council)	i minutaa		
Speaking Limits: Public Hearing (Commo				
Information Hearing			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other Items	mataretshiranetanesetanaani is	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
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

twin at 2 | Date: 2/24/2009

CITY OF MADISON P. ...

Registration Statement - Common Council COMMITTEE

Please Print	PLEASE PRINT CLEARLY
Public Hearing Agenda No. 13187	Name Wermter, Laurie Address 847 Williamson Street
Agenda No. <u>13187</u>	Address 847 Williamson Street
	Apt. Nine Madison, WI 53703
Please check the appropriate boxes:	Madison, WI 53703
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 organizate (If you answered "no," STOP; you need not come of who you represent and go on to the next question Name, address and telephone number of each per	nplete the rest of this form. If you answered "yes," provide the name ion)
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duti- (If you answered "no," STOP; you need not con- question.)	es for this person or organization? Yes No No nplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Information Hearing Other Items	3 minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
		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 a 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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•	_	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 _		Signature
		Print Name

Date: FEB 24, 69

CITY OF MADISON

Registration Statement -Common Council Please Print PLEASE PRINT CLEARLY STEPHEN M BUTTICA Agenda No. 13187 Address 2718 PHEASANT RIDGE TRAIL #107 Please check the appropriate boxes: Wish to speak Support Oppose RAISING BUS FARE Do not wish to speak Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: X 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 question) Name, address and telephone number of each person or organization you are representing: OVER 50 MILLIEN PISABLED AMERICANS - THE GENERAL DUABLED POPULATION AND THEIR ASSOCIATES WHICH ARE EACH PROTECTED BY THE AMERICANS WITH DISABILITIES ACT, AMENOSY CTHON CAUS Yes No. 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

Information Hearing 3 minutes
Other Items 3 minutes

Speaking Limits:

		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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		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 _		Signature
		Print Name

Date: 2/24/2009

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

		4					
Please Print RHJSE FN Agenda No. SED TA	13187 U BUS UICE RES	PLEASE PRI Name DE Address 3 MADSS	NT NAME CL BBY 709 ON W	EARLY 2 YUN MORA F-53	ALDRIG FAIGRD 704 APTA		
Please check the app	ropriate box:		Please check	k the appropri	ate box:		
Support Oppose Neither Su	pport Nor Oppose	AND		speak vish to speak e to answer que	estions		
At this meeting are you representing an organization 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 question.)							
SUPPOR	lephone number of each per	SEPTEN C	REAS	F 04-7	ATHEN		
LI-LAN (CUTIFNG	SUNI	1. PAC	BUS	SPILISOF		
Are you being paid for Are you appearing as	F D D T P O Part of your other paid duting "STOP; you need not con	SUND COLU	MN2 rorganization?	☐ Yes ☐ Yes	No No		
Speaking Limits:	Public Hearing (Commor Information Hearing Other Items	3 min	utes utes utes	Day &	ymi		
			Al	drich			

(SEE BACK)

-	ected 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 are that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 ne City-County Building, Madison, for more information)
Date	Signature
	Print Name

Registration Statement -	Common Council
	COMMITTEE
Please Print 12.67	
Please Print 13187	PLEASE PRINT CLEARLY
RAJSE FN BOS	Name JAMES 17 ALDRICH
Agenda No. SER V FCE	Address 3709 MORNING RDIAL
FARES	MADISON W1, 5-3704
Please check the appropriate boxes:	
□ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	Available to answer questions
At this meeting are you representing an org (If you answered "no," STOP ; you need no of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each $SUPFORT$, $2S$	ch person or organization you are representing: BUSFASTN CREASE RATHER
THAN CUTIFA	JG SUNDAY BUS SERVECE
IF YOU NEE	10 TO CUT, CUT HOLJAX
SERUFUE NOT Are you being paid for your representation?	SONDAY
Are you being paid for your representation?	Yes You
A ALLKOOLED BY	74C 60(()/M/V &
Are you appearing as part of your other pare	d duties for this person or organization? Yes You not complete the rest of this form. If you answered "yes," go on to the next
question)	of complete the rest of this form. If you answered yes, goffet to the text
questions	
Speaking Limits: Public Hearing (Cor	mmon Council)5 minutes
	3 minutes
Other Items	3 minutes \mathcal{H} , \mathcal{M}
	mmon Council) 5 minutes 3 minutes 3 minutes Awarda A, Webried.

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or large transfer of the solely of
	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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	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

Registration Statement	Common Council
Please Print 13187	PLEASE PRINT CLEARLY
Discussion 9. possible vecon siduation on Agenda No. Me No. Fares	Name Bett Chuning Address
TPC 01/13/09	
Please check the appropriate boxes: Support Oppose Jump in factor 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 Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name uestion)
Are you being neid for your tentegentation?	☐ Yes [↓]No
Are you being paid for your representation?	I es PNO
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

	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 are t	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?
(Please go Room 103 c	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	Signature
	Print Name

		Date:	
	CITY OF MADISON		
Registration Statement -	Common Council		
	COMMITTEE		
Please Print	PLEASE PRINT CLEARLY	1	
2	Name eter Tag	du-	
Agenda No.	Address 718 W B	21 Han	Man Pl
13187	Madison	WI	
Please check the appropriate boxes:			
Support Oppose 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 quality Name, address and telephone number of eac	enization or a person other than yourself: t complete the rest of this form. If you ans question)	h to speak o answer ques Yes wered "yes,"	□No
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.)		☐ Yes swered "yes,"	☐ No ' go on to the next

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

Speaking Limits:

	n elected official or employee v rnmental body?	vho is appearing solely on behalf of your	office or for your municipality or Yes No
		TOP. You need not complete the rest of the estion, go on to the next question)	nis form, except that you must sign
If you are that:	being paid for your representa	tion, or if your appearance is part of otl	ner paid duties, please be advised
1	Before you engage in lobb with the City Clerk	bying as a lobbyist, you or your principal	must file an authorization
2	Your principal is not perr City Clerk.	nitted to authorize you to lobby unless y	ou are registered with the
3.		r will owe more than \$1,000 for lobbying incipal must file expense statements wiyear?	
	o to the City Clerk's website of the City-County Building, M	www.cityofmadison.com/clerk/index.htm adison, for more information)	l or go to the Clerk's Office at
Date		Signature	
]	Print Name	

Date: 2/24

Registration Statement	Common Council
Please Print	COMMITTEE PLEASE PRINT CLEARLY
Agenda No.	Name Linda Ketcham Address 8/3 Flora La Madish 53714
Please check the appropriate boxes: Support 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	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation? Are you appearing as part of your other paid	☐ Yes ☐ No duties for this person or organization? ☐ Yes ☐ No
question) Speaking Limits: Public Hearing (Com- Information Hearing	t complete the rest of this form. If you answered "yes," go on to the next amon Council)

		•
-		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
		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 a	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.
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
4	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 _∉	2/2	Print Name Linda Ketcham

D	7-	14	-09	;	
Date:	signature.	1-1	- 1	1.	_

Registration Statement	Common Council
Please Print	COMMITTEE PLEASE PRINT CLEARLY
Agenda No. #3	Name $MANX Shahan$ Address $607 Piper DP$. $Madison 53711-1338$
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	and 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 quality Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name uestion)
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

	ected official or employee who is appearing solely on behalf of your office or for your nental body?	municipality or No
(If you an this form.	red "yes" to the question, STOP. You need not complete the rest of this form, except the ou answered "no" to the question, go on to the next question.)	ıt you must sign
If you are that:	ing paid for your representation, or if your appearance is part of other paid duties, plant of other paid duties,	ease be advised
1.,	Before you engage in lobbying as a lobbyist, you or your principal must file an authowith the City Clerk.	orization
2.	Your principal is not permitted to authorize you to lobby unless you are registered City Clerk.	with the
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reperiod (half year), the principal must file expense statements with the City Clerk remainder of the calendar year?	eporting for the
(Please g Room 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the C the City-County Building, Madison, for more information)	lerk's Office at
Date	Signature	
	Print Name	

Date:
26
to speak ot wish to speak able to answer questions
self: Yes No ou answered "yes," provide the name
resenting:
es for viders.

	CITY OF WADISON
Registration Statement -	Common Council
Please Print	COMMITTEE PLEASE PRINT CLEARLY
Agenda No. Metro Fares 13187	Name MRS Pezz
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	person or organization you are representing:
Widows and Mothers u	with small children
•	ant ease of schedules for viders.
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

		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 u answered "no" to the question, go on to the next question.)
If you ar that:	re 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 he City-County Building, Madison, for more information)
Date		Signature
		Print Name

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		•	 -	 	_	 	

Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No. 3	Name DALL DEDDO
Support Oppose 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 Name, address and telephone number of each	nization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name uestion)
Are you being paid for your representation?	☐ Yes Zivo
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 nex
Information Hearing.	mon Council) 5 minutes 3 minutes 3 minutes

	an elected off vernmental bo		e who is appeari	ng solely on bel	nalf of your office		municipali ☐ No	ty or
		" to the question, ered "no" to the			the rest of this for ion)	m, except tha	t you must	sign
If you ar that:	e being paid	for your represe	entation, or if you	ur appearance is	s part of other pa	id duties, ple	ase be adv	rised
1		you engage in lone City Clerk	obbying as a lobl	oyist, you or yo	ur principal must	file an author	ization	
2	Your p		ermitted to author	orize you to lob	by unless you are	e registered v	vith the	
3	period	* * *	principal must		for lobbying serv tements with the	-	-	
,		ty Clerk's webs County Building,			<u>k/index.html</u> or {)	go to the Cl	erk's Offic	e at
Date			Signature			· · · · · · · · · · · · · · · · · · ·		
			Print Name					

Date: 27409

Registration Statement -	Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Name
Agenda No.	Address MATTED TIME
13187	
Please check the appropriate boxes:	
Support Oppose	and Wish to speak Do not wish to speak
Neither Support Nor Oppos	e 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 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 question)
, , ,	th person or organization you are representing:
reame, address and telephone number of eac	if person of 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 no question)	ot complete the rest of this form. If you answered "yes," go on to the next
1 0	nmon Council)5 minutes
Other Items	3 minutes

	n elected official or employee who is appearing solely on beharnmental body?	alf of your office or for your municipality or Yes No
	wered "yes" to the question, STOP. You need not complete the fixed 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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2.,	Your principal is not permitted to authorize you to lobb City Clerk.	by unless you are registered with the
3.	If your principal spends or will owe more than \$1,000 f period (half year), the principal must file expense staremainder of the calendar year?	
	o to the City Clerk's website <u>www.cityofmadison.com/clerk</u> of the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	·

Date: 2/24/2004

Registration Statement -	Common Council
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	PLEASE PRINT CLEARLY
	Name FLO EVANS
Agenda No.	Address 325 5, 40 10 WSTONE P1.118
13187	Name FLO EVANS Address 3355, Yello wstone Pr. 118 Madison WI 53706
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	and Wish to speak Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions
At this meeting are you representing an orga	nization or a person other than yourself: Yes VNo
	t complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	uestion)
Name, address and telephone number of each	h person or organization you are representing:
	<u> </u>
Are you being paid for your representation?	☐ Yes 【☑ No
Are you appearing as part of your other paid	duties for this person or organization?
	t complete the rest of this form. If you answered "yes," go on to the next
question)	
Speaking Limits: Public Hearing (Com	nmon Council)5 minutes
Information Hearing	3 minutes
Other Items	manana manananananananan 3 minutes

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

Date: 2/24/09

Registration Statement	Common C	ouncii		
	COMMITTEE			
Please Print				
1 icase Time	PLEASE P	RINT CLEARLY		
A THE CONTRACT OF THE SECRET OF THE			. 1	
	Name _	Chamono	1 414	
Agenda No	Address	202 N. S	and the second s	Ci
	Address _	202//	booker	_ > -
13161		· · · · · · · · · · · · · · · · · · ·		
Please check the appropriate boxes:				
		A Summer		
Support Support	2	and Wish to spea		
Oppose		Do not wish		
Neither Support Nor Oppose		☐ Available to	answer questions	
Neither Support Not Oppose				
At this meeting are you representing an organ	ization or a nerso	n other than yourself	Yes X	No
(If you answered "no," STOP; you need not a	complete the rest	of this form. If you answ		v · -
of who you represent and go on to the next qu	estion)	oj 11.110 joi 11.11 2j jou 11.11.	, 	
ey y 4			1, 1	
Name, address and telephone number of each	person or organiz	ation you are representi	ing:	
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•				
			□ v z □	NTo
Are you being paid for your representation?			Yes	No
Are you appearing as part of your other paid of	lutica for this per	on ar argenization?	Yes	Ν̈́ο
(If you answered "no," STOP ; you need not	complete the rest	of this form. If you are:		
question)	complete the rest	oj ima jorin. 1j you unsi	rerea yes, go o	. 10 1/10 /10:01
question,	•			
Speaking Limits: Public Hearing (Comm	non Council)	minutes		
Information Hearing				
Other Items		·		

		cted 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 u answered "no" to the question, go on to the next question.)	į
If you are that:	e bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised	l
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office and the Clerk's Offi	ŗ.
Date		Signature	
		Print Name	

Date: 2/24/09

Registration Statement -	- Common Council		
	COMMITTEE		
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Please check the appropriate boxes:			
Support	and Wish to spe	ak	
Oppose	Do not wish		tinua.
Neither Support Nor Oppo	ose Available to	answer ques	tions
At this meeting are you representing an or	conization or a person other than yourself	☐ Yes	[ZaNo
(If you answered "no," STOP; you need n	not complete the rest of this form. If you answ		
of who you represent and go on to the next	t question)		
Name, address and telephone number of ea	ach person or organization you are represent	ing:	
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	-0	Yes	□No
Are you being paid for your representation	17	[] res	110
Are you appearing as part of your other pa	id duties for this person or organization?	Yes	□ No
(If you answered "no," STOP ; you need to question.)	not complete the rest of this form. If you ans	werea yes,	go on to the next
	ommon Council) 5 minutes ng 3 minutes		
	3 minutes		

		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 that:	are be	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: 2-24-59

Registration Statement -	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Tacque to Korney
Agenda No.	Address 40/ Mahelle Lane
13187	Momona WT- 53716
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	Available to answer questions
retiner support from Oppos	
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:
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- Marcon Ve Ja	ine
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Are you being paid for your representation?	☐ Yes ☐ Yo
Are you appearing as part of your other paid	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next
question)	Complete me reas of mis forms of you answered year 80 on so me need
Speaking Limits: Public Hearing (Con	nmon Council)5 minutes
	3 minutes
Other Items	

		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 that:	ı are b	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: 211 Feb 1009

Registration Statement	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name MICHAEL FATELL Address 2137 SUMMERS AVE MADISON WISSTON
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 qu	complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?	☐ Yes ☐ No
Are you being paid for your representation? 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

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
	vered "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 that:	being 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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 2/9/09

Registration Statement	Commerce	
Please Print	COMMITTEE PLEASE PRINT CLEARLY	
Agenda No	Name David L Address 494 S. Par Mad S	Williams Vest. Apt. 2 3715
Please check the appropriate boxes: Support Oppose 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 questions.	nization or a person other than yourself: complete the rest of this form. If you ans	n to speak o answer questions Yes No
Name, address and telephone number of each	person or organization you are represent	ing:
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 No
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes	

		cted 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 u answered "no" to the question, go on to the next question.)
If you ar that:	e bein	g paid for your representation, or if your appearance is part of other paid duties, please be advised
1	. 4	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	a.	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: 2 24 09

Registration Statement	Common Council
Please Print	COMMITTEE PLEASE PRINT CLEARLY
	Name Dace Leps
Agenda No.	Address 3013 Worthington Ave
13187	Madison wt 53714
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 que. Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name testion)
Tidano, dances and to opione manifest of them	
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.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
	non Council) 5 minutes
	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 I Yes INO
	twered "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
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?
	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: 2/24/89

Registration Statement	Common Council
Please Print	COMMITTEE PLEASE PRINT CLEARLY
Agenda No. 3	Name AARON CRAWAIL Address 108 PROUDFIT ST MAD 7512W, WI 59715
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 q	complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?	☐ Yes ☐ No
question)	t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon 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?
, , ,	vered "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	being 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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	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:	24	Felo	9	

Registration Statement -	Common Council
Please Print 13187	PLEASE PRINT CLEARLY
Agenda No. Metro bus Fare in Wease #3	Name Mercy greenwald Address 3 5 4th 5t Apt 3 Madison, WI 53704
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
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
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

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign f 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
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?
	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: Feb. 24, 2009

Registration Statement -	Common Council
Please Print 1210 7	COMMITTEE
13187	PLEASE PRINT CLEARLY
	Name Bill Whiterd Address 1047 Sherman Avenue
Agenda No. 3 - Metro Fares	Address 1047 Sherman Avenue
	Madison, W7 53703
Please check the appropriate boxes:	
Support✓ Oppose	and Wish to speak Do not wish to speak Available to answer questions
Neither Support Nor Oppos	Se
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name question)
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation?	Yes Yo
	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
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Information Hearing	mmon 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?	
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)	
eing 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.	
Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
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 fthe City-County Building, Madison, for more information.)	
Signature Bill White	

Date: 2/24/2009

Registration Statement -	Common C	ouncil
	COMMITTEE	요즘 하는 사용된 것도 하루슨 하면 하는 것이었다. 기본을 당한 것도 되는 것도 되 요즘 되는 것은 것이 같습니다. 이 중요한 그는 것이 되는 것이 되는 것이 같은 것이다.
Please Print		
		PRINT CLEARLY
	Name	MARGARET BERGAMINI 454 NFEW MADISON W
Agenda No.	Address	454 NFew
13187		MADISON W
Please check the appropriate boxes:		
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 (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	complete the rest uestion)	of this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes No
The you semigrated for your representation.		
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this per complete the resi	son or organization? Yes No t of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing)	nagrę wis popular popular no na constituenta	3 minutes

		cted official or employed at a body?	e who is appea	ring solely on behalf	of your office	e or for you	r municipality or No
		ed "yes" to the question, answered "no" to the c		~	•	m, except th	nat you must sign
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1		Before you engage in lowith the City Clerk.	obbying as a lo	bbyist, you or your p	orincipal must	file an auth	orization
2		Your principal is not perfectly Clerk	ermitted to aut	horize you to lobby	unless you are	e registered	with the
3		If your principal spends period (half year), the remainder of the calend	principal must				
		the City Clerk's websi e City-County Building,			<u>adex.html</u> or g	go to the (Clerk's Office at
Date		1/24/09	Signature	Mh,		· ·	
		,	Print Name	Mysylet Be	VEAMWI		

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Date: 24 Feb 09

Registration Statement	Common Council
Please Print	COMMITTEE PLEASE PRINT CLEARLY
Agenda No	Name Dave $9VV(9)$ Address $645: 5/4V/900$ $Maga/5000$ $Maga/5000$ $Maga/5000$ $Maga/5000$
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organ	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
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 (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
<u> </u>	mon Council)5 minutes 3 minutes

		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 a that:	re bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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2	2.,	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
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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 the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

P

Date: Feb, 24, 2009

Registration Statement -	Common Council
	COMMITTEE
Diama Daint	
Please Print	PLEASE PRINT CLEARLY
	Name Traulschloser
Agenda No.	Name Art Paul Schlosser Address 505 (onklin #5
13187	Madison, WI53703
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Please check the appropriate boxes:	
Support	and 🗵 Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppo	Se Available to answer questions
At this meeting are you representing an org	anization or a person other than yourself: Yes 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	question)
Name address and telephone number of ea	ch person or organization you are representing:
rame, address and totophono number of ou	on person of organization you are representation.
Are you being paid for your representation	?
Are you appearing as part of your other pai	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
question)	
Speaking Limiter Bublic Harris (Co.	mmon Council) 5 minutes
	mmon Council) 5 minutes g 3 minutes
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-	ected 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)
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Date	Signature
	Print Name



Date:	02/24	2509	
Date.	00127	<u> </u>	

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 3	Name Ac MATANO Address 3745 Ross 54. MADISON WI 53703
	nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q Name, address and telephone number of each	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	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

		ected official or employee who is appearing solely on behalf onental body?	of your office	or for you Yes	ır municipalit ☐ No	y or
		red "yes" to the question, STOP. You need not complete the reou answered "no" to the question, go on to the next question)	est of this for	n, except t	hat you must	sign
If you ar that:	re bein	ng paid for your representation, or if your appearance is part	t of other pai	d duties,	please be adv	ised
1		Before you engage in lobbying as a lobbyist, you or your pri with the City Clerk	incipal must	file an aut	horization	
2) "	Your principal is not permitted to authorize you to lobby un City Clerk	nless you are	registered	d with the	. v.
3		If your principal spends or will owe more than \$1,000 for loperiod (half year), the principal must file expense statemer remainder of the calendar year?				
		o the City Clerk's website <u>www.cityofmadison.com/clerk/ind</u> the City-County Building, Madison, for more information)	<u>lex.html</u> or g	o to the	Clerk's Offic	e at
Date		Signature				
		Print Name				

Date: 2/24/09

Registration	on Statement -	Common Council		
DI Duine		COMMITTEE		
Please Print		PLEASE PRINT CLEARLY		
	7	Name TIM (
Agenda No.	<u>S </u>	Address 161 JA	CKSON	<u>/</u>
	13187	MADISON	WI	53704
At this meeting are you (If you answered "no," of who you represent a	\$ 1,50 fare econsideration port Nor Opposit representing an org "STOP; you need no and go on to the next	se anization or a person other than yourself: ot complete the rest of this form. If you an	sh to speak to answer ques Yes swered "yes,"	□No
Are you being paid for	your representation	?	☐ Yes	⊠ No
		d duties for this person or organization? ot complete the rest of this form. If you an	☐ Yes swered "yes,"	/—
Speaking Limits:	Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes		

	vered "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 t	being 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 f the City-County Building, Madison, for more information)
Data	Cianatura
Date	Signature Print Name

0)

Date: <u>2/24/2009</u>

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. <u>3</u> 13187	Name Lori Whitney Address 4322 Melody Land Madison
Please check the appropriate boxes: Support Oppose 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 questions.	inization or a person other than yourself: Yes No 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:
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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 no 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
	nmon Council) 5 minutes 3 minutes

		elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
		vered "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 that:	are t	being 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 of the City-County Building, Madison, for more information)
Date _		Signature
		Print Name

Date:	FEB	24,1	S 18 .
		,	

Registration Statement -	Common Council
Please Print	PLEASE PRINT CLEARLY MT/GO
	PLEASE PRINT CLEARLY MTGO Name Craig MARBO
Agenda No.	Address 534 Papea Nool
13187	
Please check the appropriate boxes: Support	and ⊠ Wish to speak
Oppose RECONSIDER	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppos	
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
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
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

•	n elected official or employernmental body?	ee who is appearing sol	ely on behalf of your off	fice or for your munic Yes No	
	swered "yes" to the question If you answered "no" to the		-	form, except that you i	nust sign
If you are that:	being paid for your represe	entation, or if your app	pearance is part of other	paid duties, please be	advised
1	Before you engage in I with the City Clerk	lobbying as a lobbyist,	you or your principal mu	ust file an authorizatio	n
2	Your principal is not point Clerk.	permitted to authorize	you to lobby unless you	are registered with th	e
3.		principal must file e	n \$1,000 for lobbying se expense statements with		
	o to the City Clerk's webs of the City-County Building			r go to the Clerk's	Office at
Date		Signature			
		Print Name			

Date: 2/24/09

Registration Statement	Common Council
Please Print	
	PLEASE PRINT CLEARLY
	Name Name Nough Kozbusky Address 1139 Pagline Aug
Agenda No. #3	Address 1139 Pagline Aux
13187	Mad (50 N, ai 5-370=
DI La	
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppose	Available to allower questions
(If you answered "no," STOP; you need not	nization or a person other than yourself: Yes No 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	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 not question.)	complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes
	3 minutes3 minutes

(If yoı	u answe	ental body? Yes No No d "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 be	g 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 a e City-County Building, Madison, for more information)
Date		Signature
		Print Name

1	19	1241	09
Date:	Unit	-11	<u> </u>

Registration Statement -	Common Council
Please Print	
	PLEASE PRINT CLEARLY
	Name Ben Ratliffe
Agenda No.	Address 1115 E WILSON 電野
13187	
Please check the appropriate boxes:	현실 경우는 100명, 실수 120명 전략 10명을 가능하는 경우를 하는 것은 12명을 하는 것으로 되었다. 100명 전략 12명을 가는 보는 12명을 하는 12명 12명을 하는 12명을 하는 1
☐ 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 org (If you answered "no," STOP; you need no of who you represent and go on to the next	ot 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:
International Sociali	st Organization
Are you being paid for your representation?	Yes \(\sum_{No} \)
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 XNo 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

		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
	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	02 1	124/09 Signature Sey- I PUH
· _		Print Name Ben Patlitte



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Date:			 · .
vau.			

Registration Statement	Common C	<u>ouncil</u>	
Please Print	PLEASE P	RINT CLE	EARLY
Agenda No. 13187	Name	Ben	Daniels Sunnit Ave
Please check the appropriate boxes: Support Oppose 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 qu	nization or a perso complete the rest		
Name, address and telephone number of each	person or organiz	zation you	are representing:
Are you being paid for your representation? Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			
Speaking Limits: Public Hearing (Communication Hearing Other Items	senno-munitrasono ano un topo e e e	3 minutes	

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? [] Yes [] No
		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 a that:	re 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
:	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: 2/24/09

Registration Statement	Common Council		
	COMMITTEE		
Please Print	PLEASE PRINT CLEARLY		
	Name JOHN L h	IA GN	ERITI
Agenda No.	Address		
13187			
Please check the appropriate boxes:			
Support	and ₩ish to spe		
Oppose Neither Support Nor Oppose	Available to	answer ques	tions
			□ ¬ ¬ ·
At this meeting are you representing an organ (If you answered "no," STOP ; you need not		∐Yes wered "yes,"	☐ No provide the name
of who you represent and go on to the next qu			
Name, address and telephone number of each	person or organization you are represent	ing:	
JOHN L. WAGA	(=D=T		· · · · · · · · · · · · · · · · · · ·
1776 NORTHPORT	-024A		
MAD (SON WIS			
Are you being paid for your representation?		Yes	C No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not		Yes	Z-No go on to the next
question)	complete the rest of this form. If you ans	nerva yos,	80 00 10 100
Speaking Limits: Public Hearing (Com	mon Council) 5 minutes		
Information Hearing	3 minutes 3 minutes		
Other Rolling and annual annua	agasasagaana aanaanaa Ziiiiiiiiiiiiiiiiiiiiiiiii		

		lected official or employee who is appearing solely on behalf of your office or for your municipality of mental body?	r
		ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must signous on to the answered "no" to the question, go on to the next question)	n
If you that:	ı are b	ing paid for your representation, or if your appearance is part of other paid duties, please be advise	d
	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?	
(Plea. Room	se go : 103 o	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information)	at
Date	-	Signature	
		Print Name	

Registration Statement -

Date: 2/24/09

CITY OF MADISON

Common Council

COMMITTEE Please Print PLEASE PRINT CLEARLY Susan Nossal Agenda No. 3181 Please check the appropriate boxes: Wish to speak and Support Do not wish to speak Oppose Fare increase 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? Yes Are you appearing as part of your other paid 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 question) Public Hearing (Common Council) 5 minutes Speaking Limits: 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?
		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 that:	are be	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 the City-County Building, Madison, for more information)
Date		Signature
		Print Name

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Date:	 *.	;	٠.		
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Registration Statement	Common Council
	COMMITTEE
Please Print	
1 Case 1 International Control of the Control of th	PLEASE PRINT CLEARLY
	Name M DeWitt
Agenda No.	Address 333 W. Danton
	Address 555 W. Dayrow
13187	<u>Utz</u> 35/03
Please check the appropriate boxes:	
	사람들은 1일 1일 12 전 1일
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 No
	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:
Dane County 505	So Commail
plane county 303	
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	t complete the rest of this form. If you answered "yes," go on to the nex
question)	
Speaking Limits: Public Hearing (Com	mon Council)5 minutes
Information Hearing	3 minutes
Other Items	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

•		lected official or employee who is appearing solely on behalf of your office or for your nental body?	nunicipality or] No	
		ered "yes" to the question, STOP. You need not complete the rest of this form, except that you answered "no" to the question, go on to the next question)	you must sign	
If you ar	re bein	ing paid for your representation, or if your appearance is part of other paid duties, plea	se be advised	
1	l	Before you engage in lobbying as a lobbyist, you or your principal must file an author with the City Clerk.	zation	
2	2	Your principal is not permitted to authorize you to lobby unless you are registered we City Clerk.	ith the	
3	3	If your principal spends or will owe more than \$1,000 for lobbying services in any reperiod (half year), the principal must file expense statements with the City Clerk remainder of the calendar year?		-
		o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Cle the City-County Building, Madison, for more information)	rk's Office at	
Date	<u>.</u>	Signature		
		Print Name		

Date: 24 do Februro, 2009

Registration Statement -	Common Council
	COMMITTEE AND
<u>Please Print</u>	PLEASE PRINT CLEARLY
	Kort 10 / : 0 10 00
	Name Dev C. Topert
Agenda No.	Address 1337 Jeniter St.
13187	1 Vladison, W1 53703
Please check the appropriate boxes:	
rease eneck me appropriate boxes.	
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 orga	nization or a person other than yourself: Yes No
(If you answered "no," STOP ; you need not of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name uestion.)
	그 이 이 아이는 그는 그들은 것이 없는 그는 일이 되었다.
Name, address and telephone number of each	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	duties for this person or organization? Yes No
(If you answered "no," STOP; you need no	t complete the rest of this form. If you answered "yes," go on to the next
question)	
1 0	mon Council)5 minutes
Information Hearing	3 minutes

		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 that:	are be	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?
		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

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	Y OF MADISON	and the first term of the second		

Registration Statement -	Common Council
Registration Statement -	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
2	Name Paul Schechter
Agenda No.	Address & Ves Bon Ct
13187	Madison WI 53719
Please check the appropriate boxes:	
Support Oppose	and Wish to speak Do not wish to speak
Neither Support Nor Oppos	e Available to answer questions
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 question)
Name, address and telephone number of each	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 (If you answered "no," STOP; you need no question)	I duties for this person or organization? Yes No to the test of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

		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 be	g 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 _		Signature
		Print Name

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Date:		

	CITY OF MADISON		
Registration Statement	Common Council		
Please Print	PLEASE PRINT CLE	\RLY	
Agenda No. 3	Name MOR Address 1148 53	GAN SHARP JENIFER S	PE
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose		Wish to speak Do not wish to speak Available to answer ques	tions
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 q Name, address and telephone number of each	complete the rest of this forn uestion)	n. If you answered "yes,"	☑ No 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 orga t complete the rest of this for	nization? Yes m. If you answered "yes,"	☐ No ' go on to the next
	amon Council) 5 minutes 3 minutes 3 minutes		

	an elected official or emvernmental body?	ployee who is appearin	ng solely on behalf o	f your office or for y	our municipality or No
	nswered "yes" to the que If you answered "no" to			st of this form, excep	t that you must sign
If you ar	e being paid for your re	presentation, or if you	ir appearance is part	of other paid duties	, please be advised
1	Before you engage with the City Cler	e in lobbying as a lobb k	yist, you or your pri	ncipal must file an a	uthorization
2	Your principal is City Clerk.	not permitted to autho	rize you to lobby ur	nless you are register	ed with the
3		pends or will owe mone, the principal must falendar year?			
	go to the City Clerk's 3 of the City-County Bui			<u>ex.html</u> or go to the	e Clerk's Office at
Date		Signature _			·
		Print Name			

Date: 2009 FEB 24

izedipitation prateinent -	Common Council
Please Print	
	PLEASE PRINT CLEARLY
	Name GHAID - KUSTEY
Agenda No.	Name GHAID S RUSEY Address ZHZ KENDALLAV.
13187	MADISON WI 53705-3736
Please check the appropriate boxes:	를 잃는 말 한 일반 하는 것 같은 말 하고 있는데 하는 것을 받았다.
Support	and 🔀 Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions
	nization or a person other than yourself: Yes No
At this meeting are you representing an orga	nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you being paid for your representation?	
Are you appearing as part of your other paid	duties for this person or organization? Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no	
Are you appearing as part of your other paid	duties for this person or organization? Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.) Speaking Limits: Public Hearing (Com.)	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question) Speaking Limits: Public Hearing (Com-Information Hearing)	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next

		elected official or employee who is appearing solely nmental body?	y on behalf of your office or for your municipality or Yes No
		vered "yes" to the question, STOP. You need not con you answered "no" to the question, go on to the next	mplete the rest of this form, except that you must sign at question)
If you that:	ı are b	peing paid for your representation, or if your appear	rance is part of other paid duties, please be advised
	1.,	Before you engage in lobbying as a lobbyist, yo with the City Clerk.	u or your principal must file an authorization
	2.	Your principal is not permitted to authorize you City Clerk.	1 to lobby unless you are registered with the
	3	If your principal spends or will owe more than period (half year), the principal must file expremainder of the calendar year?	\$1,000 for lobbying services in any reporting ense statements with the City Clerk for the
		to the City Clerk's website <u>www.cityofmadison.c</u> of the City-County Building, Madison, for more infor	<u>om/clerk/index.html</u> or go to the Clerk's Office at mation)
Date		Signature	
		Print Name	

Date: 02/24/09

Registration Statement	Common (Council
	COMMITTEE	
Please Print	PLEASE	PRINT CLEARLY
	Name	LYNOSEY BENISH
Agenda No.	Address	
13187		Wannakee, Wi 53597
Please check the appropriate boxes:		
Support		and Wish to speak Do not wish to speak
Oppose Neither Support Nor Oppose	•	Available to answer questions
of who you represent and go on to the next quality. Name, address and telephone number of each	complete the resuestion) person or organ	at of this form. If you answered "yes," provide the name nization you are representing:
MATC MADISON STUDE	nt sen	ate and students
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 pe t complete the re	erson or organization? Yes No No st of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing		3 minutes

		elected official or employ nmental body?	ee who is appea	ring solely on behalf of your office or for your municipality or Yes No
		vered "yes" to the questio you answered "no" to th		ted not complete the rest of this form, except that you must sign to the next question)
If yo that:	u are b	peing paid for your repres	sentation, or if y	our appearance is part of other paid duties, please be advised
	1	Before you engage in with the City Clerk.	lobbying as a lo	bbyist, you or your principal must file an authorization
	2.	Your principal is not City Clerk.	permitted to aut	horize you to lobby unless you are registered with the
	3		e principal mus	nore than \$1,000 for lobbying services in any reporting t file expense statements with the City Clerk for the
		to the City Clerk's web of the City-County Buildin		madison.com/clerk/index.html or go to the Clerk's Office at nore information)
Date	02	124/09	Signature Print Name	LANGSLY BENISH

Date: 022409

Registration Statement -	Committee
Please Print	COMMITTEE PLEASE PRINT CLEARLY
Agenda No. 3	Name Jesse E. Nonez Address 200 Dees Valley PD #6 Madison W1 53713
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
of who you represent and go on to the next	not complete the rest of this form. If you answered "yes," provide the name t question)
	NATE \$ Students.
Are you being paid for your representation	n? ☐ Yes ☐ No
Are you appearing as part of your other pa (If you answered "no," STOP; you need r question)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	ommon Council) 5 minutes ag 3 minutes 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
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?
	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 <u>02-2</u>	Print Name Jessie & None Z

Date: 2/24/09

Registration Statement -	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. <u>3</u>	Name Heidi Wegleither Address 1941 E Dayton St. Madison, W153704
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name question)
Name, address and telephone number of each	ch person or organization you are representing:
	Yes No
Are you being paid for your representation?	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon 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 nmental body? Yes No
(If yo this fo	u ansv orm If	vered "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 that:	ı are l	being 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?
(Plea Room	se go i 103 d	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

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Doto	- 7/	24	105		1
Date:	<u> </u>	<u>^ /.</u>	<i>[G - J</i>		 _

Registration Statement -	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Lisa Ptaft
Agenda No. 13187 (#3)	Address 512 < Reach, #2
13187	Address 5/2 S. Brearly #2 Madzon, WI 53703
1510-1	Madison, WD 53703
Please check the appropriate boxes:	
Support	and ☐ Wish to speak ☑ Do not wish to speak
Oppose Noither Support Non 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 No
(If you answered "no," STOP ; you need not of who you represent and go on to the next quantum of the next	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	uestionis) — The control of the cont
Name, address and telephone number of each	n person or organization you are representing:
	☐ Yes ☐ No
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
	t complete the rest of this form. If you answered "yes," go on to the next
question)	
	mon Council)5 minutes
	3 minutes
Otner items	3 minutes

		ected official or employee who is appearing the nental body?	ring solely on behalf of your office or for your municipality or Yes No
		red "yes" to the question, STOP. You nee ou answered "no" to the question, go on t	ed not complete the rest of this form, except that you must sign to the next question)
If you that:	are be	ing paid for your representation, or if yo	our appearance is part of other paid duties, please be advised
mat.			
	1.	Before you engage in lobbying as a lob with the City Clerk	bbyist, you or your principal must file an authorization
	2.	Your principal is not permitted to auth City Clerk.	horize you to lobby unless you are registered with the
	3.		nore than \$1,000 for lobbying services in any reporting to file expense statements with the City Clerk for the
		o the City Clerk's website <u>www.cityofm</u> the City-County Building, Madison, for m	madison.com/clerk/index.html or go to the Clerk's Office at nore information)
Date		Signature	
•		Print Name	
		i init Name	

Date: Feb 25, 2009

Registration Statement	Common Council committee
Please Print	PLEASE PRINT CLEARLY
#2-12107	Name Mary Malischke Address 4825 Baypield Ten Modism, WI 53705
Agenda No. #3 - 13187	Address 4825 Baygield Ten
	Modismi WI 53.705
Please check the appropriate boxes:	
☐ Support	and Wish to speak Do not wish to speak
Oppose Neither Support Nor Oppose	e Available to answer questions
of who you represent and go on to the next q	nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name uestion) 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 (If you answered "no," STOP; you need not 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
	3 minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you this for	answer rm If yo	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)
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.
	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	2/.	25/09 Signature Mary nolically

Print Name

Date: 2/24/09

CITY OF MADISON



Registration Statement - Common Council COMMITTEE

Please Print	PLEASE PRINT CLEARLY
	Man 1 million 10
	Name MANY LOUTHINGUI
Agenda No.	Address 2666 E. Johnsmy St
13187	Midism, WT 53764
Please check the appropriate boxes:	
Support	andWish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	Available to answer questions
of who you represent and go on to the next question. Name, address and telephone number of each personal statement of each personal statement.	
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not comquestion)	
Speaking Limits: Public Hearing (Common Information Hearing Other Items	3 minutes

		ected official or er nental body?	nployee who is appearing	solely on behalf of your o	ffice or for your municip Yes No	ality or
			uestion, STOP. You need to the question, go on to t	not complete the rest of this the next question)	s form, except that you m	ıst sign
If you that:	ı are be	ng paid for your i	epresentation, or if your	appearance is part of othe	r paid duties, please be	advised
	1	Before you enga with the City Cle		ist, you or your principal n	nust file an authorization	
	2.	Your principal is City Clerk.	s not permitted to authori	ze you to lobby unless you	u are registered with the	
	3.,		r), the principal must fil	than \$1,000 for lobbying e expense statements with		
			website <u>www.cityofmad</u> ulding, Madison, for more	lison.com/clerk/index.html e information)	or go to the Clerk's O	ffice at
Date			Signature		· ·	
			Print Name	•		

Date: 2/24/09

Registration	Statement -	COMMITTEE	Ounch	3	
Please Print					
		PLEASE I	PRINT CLEARLY		
		Name	Leah Os	<u>on</u>	
Agenda No.	<u>></u>	Address	501 N. H	enry St.	FT 704
131	87		Madison	NI 5	3703
Please check the appropri	ate boxes:				
			and Wish to spe	alr	
Support Oppose			🔯 Do not wish	to speak	
year	ort Nor Oppose		Available to	answer ques	tions
At this meeting are you re		ization or a nerse	on other than yourself:	☐ Yes	☆ No
(If you answered "no," S	T TOP; you need not c	complete the rest	of this form. If you ans		
of who you represent and	go on to the next qu	estion)			
Name, address and teleph	one number of each	person or organi	zation you are represent	ing:	
·				•	
Are you being paid for yo	our representation?			Yes	No No
Are you appearing as par	t of your other paid o	luties for this per	rson or organization?	Yes	⊠ No
(If you answered "no," Singular question)	STOP; you need not	complete the res	t of this form. If you ans	wered "yes,"	' go on to the next
	ublic Hearing (Comn				
	formation Hearingther Items				
	***** ********************************				

		lected official or en	nployee who is appeari	ng solely on beh	alf of your offi	ce or for your	r municipalit Ņ∕No	y or
			estion, STOP. You nee to the question, go on t			orm, except th	at you must	sign
If you that:	are be	ing paid for your r	epresentation, or if yo	ur appearance is	part of other p	oaid duties, p	lease be adv	ised
	1.	Before you engage with the City Cle	ge in lobbying as a lob rk	byist, you or you	ır principal mus	t file an auth	orization	
	2	Your principal is City Clerk.	not permitted to author	orize you to lobl	oy unless you a	re registered	with the	
	3		spends or will owe more, the principal must calendar year?					
			website <u>www.cityofm</u> ilding, Madison, for mo			go to the C	lerk's Office	e at
Date _	-2	124/09	Signature	Lag	Oh			· · ·
			Print Name	Lean	Olson			

Date: 2/24/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. ___/ 3/87 Please check the appropriate boxes: Wish to speak and Support Oppose raising Metro fore 33% Neither Support Nor Oppose Do not wish to speak Available to answer questions At this meeting are you representing an organization or a person other than yourself: Yes 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 question) Name, address and telephone number of each person or organization you are representing: Dane Courty Band District 27 Lonstituents ₩ No Yes Are you being paid for your representation? No 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

Information Hearing 3 minutes
Other Items 3 minutes

Speaking Limits:

		cted official or en ental body?	nployee who is appearing	solely on behalf of y		inicipality or No
			nestion, STOP. You need not to the question, go on to the		of this form, except that y	ou must sign
If you ar that:	re bein	g paid for your r	epresentation, or if your	appearance is part o	f other paid duties, pleas	e be advised
1		Before you engage with the City Cle	ge in lobbying as a lobbyi rk	st, you or your princ	ipal must file an authoriz	ation
2	2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				h the
3			spends or will owe more r), the principal must file calendar year?			
			website <u>www.cityofmad</u> i ilding, Madison, for more		<u>html</u> or go to the Clerk	c's Office at
Date			Signature			
			Print Name			

Date: 2/2-/09

Registration Statement	Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No3	Name Joved Preval Address 940 E. Mifflin St
13187	Madison
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	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 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

		ected official or employ nental body?	ee who is appearing	g solely on behalf of yo	ur office or for you Yes	r municipality or ☐ No
		red "yes" to the question ou answered "no" to the			f this form, except t	hat you must sign
If you that:	are be	ing paid for your repres	entation, or if your	appearance is part of	other paid duties, p	please be advised
	1.	Before you engage in with the City Clerk.	lobbying as a lobby	yist, you or your princip	oal must file an auti	norization
	2.	Your principal is not City Clerk	permitted to author	ize you to lobby unless	s you are registered	I with the
	3		e principal must fi	e than \$1,000 for lobby le expense statements		
		o the City Clerk's web the City-County Building			tml or go to the	Clerk's Office at
Date _.			Signature _			
			Print Name			·

Date: 2/24/09

Registration Statement	Common Council
Please Print Agenda No. #3	PLEASE PRINT CLEARLY Name Michele Moede Address 15 Kessel C+ #31 Machison W/537/1
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	
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 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

		ected 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 ou answered "no" to the question, go on to the next question)
If you that:	are be	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 he City-County Building, Madison, for more information)
Date _		Signature
		Print Name

Date: 2 - 27-09

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name 10 MM Handrich Address 39 Spaight St Madison, Wit 5370
Please check the appropriate boxes: Support Oppose	and Wish to speak Do not wish to speak Available to answer questions
of who you represent and go on to the next	anization or a person other than yourself: Yes No ot 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 no question.)	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
Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes

Are you an electe other governmen		ng solely on behalf of your office or for your municipality or Yes No
	"yes" to the question, STOP. You need inswered "no" to the question, go on to	d not complete the rest of this form, except that you must sign o the next question)
If you are being that:	paid for your representation, or if you	ur appearance is part of other paid duties, please be advised
	efore you engage in lobbying as a lobbith the City Clerk	byist, you or your principal must file an authorization
	our principal is not permitted to authority Clerk.	orize you to lobby unless you are registered with the
p	your principal spends or will owe mo eriod (half year), the principal must emainder of the calendar year?	file expense statements with the City Clerk for the
	ne City Clerk's website <u>www.cityofmo</u> City-County Building, Madison, for mo	adison.com/clerk/index.html or go to the Clerk's Office at ore information.)
Date	Signature Print Name	

Date: 4/24/05

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	PLEASE PRINT CLEARLY THE CONTROL OF
	Name NADINE VPIGHT
Agenda No.	Address 1239 SPAIGHT ST
13187	- 10 4 537 <u>03 - 1</u>
Please check the appropriate boxes: Support Oppose 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	t complete the rest of this form. If you answered "yes," provide the nar
Name, address and telephone number of eac	ch person or organization you are representing:
	FT FT
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid	

		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)
lf you that:	are be	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 f the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date:	2-24-09	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Registration Statement	Common Co	ouncil		
	COMMITTEE			
Please Print	PLEASE PI	RINT CLEARLY		
	Name	LARRY	ORR	
Agenda No.	Address _	437 W.	JOHNS	DN
13187		MADISON	1, WI 5	3703
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose			speak wish to speak le to answer ques	tions
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 quality Name, address and telephone number of each	complete the rest of uestion)	f this form. If you	answered "yes,"	☑No provide the name
			_ 1	
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)	t complete the rest e	of this form. If you	? Yes answered "yes,"	☑No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		minutes		

		elected official or employee who is apparental body?	pearing solely on behalf of your office or for your municipality or Yes YNO
100		vered "yes" to the question, STOP. You you answered "no" to the question, go	need not complete the rest of this form, except that you must sign on to the next question)
If you that:	are b	eing paid for your representation, or i	f your appearance is part of other paid duties, please be advised
	1.	Before you engage in lobbying as a with the City Clerk	lobbyist, you or your principal must file an authorization
	2.	Your principal is not permitted to City Clerk.	authorize you to lobby unless you are registered with the
	3.		e more than \$1,000 for lobbying services in any reporting nust file expense statements with the City Clerk for the
		to the City Clerk's website <u>www.city</u> f the City-County Building, Madison, fo	vofmadison.com/clerk/index.html or go to the Clerk's Office at or more information)
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Date ₋		Signature Print Nan	

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Registration Statement	Common Council	
	COMMITTEE	
Please Print	PLEASE PRINT CLEARLY	
	Name Elizabeth G	2314SUC
Agenda No. <u>#3</u> 13187	Address 503 U. FAIR	
13187	MADISON, WIS	
Disconding the second of the s		
Please check the appropriate boxes:		
Support	and ☐ Wish to spe ✓ Do not wish	ak uto sneak
Oppose Neither Support Nor Oppose	Available to	answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not	nization or a person other than yourself: complete the rest of this form. If you ans	☐ Yes
of who you represent and go on to the next q		
Name, address and telephone number of each	n person or organization you are represent	ing:
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
Are you appearing as part of your other paid (If you answered "no," STOP; you need not		Yes No
(If you answered "no," STOP ; you need not question)	t complete the rest of this form. If you ans	Yes No
(If you answered "no," STOP; you need not question.) Speaking Limits: Public Hearing (Com		Yes No

		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 that:	u are be	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?
		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: 2/22/09

Registration Statement	Common Council	
	COMMITTEE	
Please Print	PLEASE PRINT CLEARLY	
	At Shood 10 man de	
	Name Winsten / Limane Address Machson	
Agenda No.	Address Maghson	· · · · · · · · · · · · · · · · · · ·
13187		<u></u>
Please check the appropriate boxes:		
	그는 사람이 되는 것 같아. 그는 사람들이 가는 것 같아 되었다면 하였다. 얼마 없다. 하는데 있는데 말하는 사람들이 다른 사람들이 되었다. 그 사람들이 되었다. 그 것 같아.	
Support	and Wish to speak No not wish to speak	
✓ Oppose✓ Neither Support Nor Oppose	Available to answer questions	
	지역 하는 전환 등록 보다는 중요한 전투 전투 <u>하다는 다</u> 리가 되었다.	
At this meeting are you representing an organ (It you answered "no" STOP: you need not	nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the	пате
of who you represent and go on to the next qu		
Name address and telephone number of each	h person or organization you are representing:	
· .		
		<u></u>
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	
	t complete the rest of this form. If you answered "yes," go on to the	: next
Speaking Limits: Public Hearing (Com	nmon Council) 5 minutes	
Information Hearing.	• • • • • • • • • • • • • • • • • • •	
Other Items	3 minutes	** * * *

		elected official or employee who is appear mental body?	ring solely on behalf of your office or for your municipality or Yes No
		ered "yes" to the question, STOP. You ne you answered "no" to the question, go on	eed not complete the rest of this form, except that you must sign to the next question)
If you that:	ı are be	eing paid for your representation, or if you	your appearance is part of other paid duties, please be advised
	1	Before you engage in lobbying as a lo with the City Clerk.	obbyist, you or your principal must file an authorization
	2	Your principal is not permitted to auti- City Clerk.	thorize you to lobby unless you are registered with the
	3.	If your principal spends or will owe me period (half year), the principal must remainder of the calendar year?	nore than \$1,000 for lobbying services in any reporting at file expense statements with the City Clerk for the
		to the City Clerk's website <u>www.cityof</u> the City-County Building, Madison, for n	madison.com/clerk/index.html or go to the Clerk's Office at more information)
Date		Signature	
		Print Name	

	ika da karangan pater <u>an ing ang ang ang ang ang ang ang ang ang a</u>
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Shahla Werner Address 126 Bucking ham Ln
Please check the appropriate boxes:	madison WI 53714
Support Suppose - Bus Faire Inc. 180 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	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	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 (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes XNo 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

	elected official or emplomental body?	oyee who is appeari	ng solely on behalf of your office or for your municipality or Yes No
	vered "yes" to the quest you answered "no" to t		d not complete the rest of this form, except that you must sign o the next question)
If you are t	peing paid for your repr	esentation, or if you	ur appearance is part of other paid duties, please be advised
1	Before you engage with the City Clerk		byist, you or your principal must file an authorization
2.	Your principal is no City Clerk	ot permitted to author	orize you to lobby unless you are registered with the
3.		the principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
	to the City Clerk's w of the City-County Build		adison.com/clerk/index.html or go to the Clerk's Office at ore information)
Date		Signature	
		Print Name	

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Date:	4	24 l	\sim 1	· · · · · · · · · · · · · · · · · · ·	

Registration Statement	Common C	ouncil	.	
Please Print		PRINT CLEARLY		
	Name	Kimberly	Miller	
Agenda No. 3 Bos. (ares) 13187	Address	812 Jeni	fer St	•
13187		Kimberly 812 Jeni Madison	WI 53	703
Please check the appropriate boxes:				
Support Oppose valsiv Oppose bus fares Neither Support Nor Oppose	<u> </u>	and Wish to spe Do not wish Available to		tions
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	complete the rest uestion)	of this form. If you ans	wered "yes,"	⊠No 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 per complete the resi	son or organization? of this form. If you ans	☐ Yes swered "yes,"	☐ No go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	omen sonnal genelliket korostolinakeiten men	3 minutes		

	elected official or emp nmental body?	ployee who is appearing	solely on behalf of your o	ffice or for your munic Yes No	ipality or
		stion, STOP. You need no the question, go on to the	not complete the rest of this he next question)	form, except that you	must sign
If you are b that:	eing paid for your re	presentation, or if your	appearance is part of othe	r paid duties, please b	e advised
1.	Before you engage with the City Clerk	· · · · · · · · · · · · · · · ·	st, you or your principal m	nust file an authorization	n
2	Your principal is a City Clerk.	not permitted to authoriz	ze you to lobby unless you	are registered with the	ne ·
3.		, the principal must file	than \$1,000 for lobbying see expense statements with		
		website <u>www.cityofmadi</u> ding, Madison, for more	son.com/clerk/index.html information.)	or go to the Clerk's	Office at
		t Arry et i			
Date		Signature			
		Print Name	- Aller Sales and Aller Sales	. Additional and the second se	

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Registration Statement	Common Council
Please Print	
	PLEASE PRINT CLEARLY
(1997年) 日本	Name LISCIDISON
Agenda No. DUSFERS	Address SII W Main St #301
13187	maolism wi 53703
Please check the appropriate boxes:	
[Support keep bus fave	and Wish to speak
Support keep bus fave Oppose at 150	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ	ization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not of	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	estion)
Name, address and telephone number of each	person or organization you are representing:
A	T.V. T.V.
Are you being paid for your representation?	☐ Yes ☑ No
Are you appearing as part of your other paid of	luties for this person or organization? Yes No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not	
Are you appearing as part of your other paid of (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
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.) Speaking Limits: Public Hearing (Comm.)	luties for this person or organization? Yes No

		cted official or emental body?	ployee who is appearin	g solely on behalf	of your office or for yo Yes	our municipality or No
			estion, STOP. You need to the question, go on to			that you must sign
If you are	e bein	g paid for your re	epresentation, or if you	r appearance is par	rt of other paid duties,	please be advised
1		Before you engag with the City Cler	e in lobbying as a lobb k	yist, you or your pi	rincipal must file an au	thorization
2	-1	Your principal is City Clerk	not permitted to author	rize you to lobby u	ınless you are registere	ed with the
3		If your principal aperiod (half year remainder of the	spends or will owe more, the principal must for the principal must for the principal must for the principal was also be also b	e than \$1,000 for lile expense statem	obbying services in any ents with the City Cle	y reporting ork for the
			website <u>www.cityofma</u> lding, Madison, for mot		<u>dex.html</u> or go to the	Clerk's Office at
						
Date			Signature Print Name			

Date:	2/24/09	

Registration Statement	Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
(2)	(MSON ALAR)
Agenda No. Bus FAUL	Address 530 W. MATUST #7
13187	MADDSON, WI 53703
Please check the appropriate boxes:	이러 등 회사는 경우 지원 교육을 걸는 사람들은 점심 사람이다.
Support Help Bus FARL Oppose AT \$1.50	and Wish to speak
Oppose AT \$1.50	Do not wish to speak Available 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 qu	complete the rest of this form If you answered "yes," provide the name
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 of (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
Speaking Limits: Public Hearing (Comr Information Hearing	non Council)5 minutes

	nn elected official or en ernmental body?	nployee who is appearing	solely on behalf of y	your office or for you ☐ Yes	ır municipality or ☐ No
		estion, STOP. You need not to the question, go on to the		of this form, except t	hat you must sign
If you are that:	e being paid for your r	epresentation, or if your a	appearance is part o	f other paid duties,	please be advised
1.	Before you engage with the City Cle	ge in lobbying as a lobbyis rk	st, you or your princ	ipal must file an aut	horization
2.	Your principal is City Clerk.	not permitted to authoriz	e you to lobby unle	ss you are registered	i with the
3		spends or will owe more to the principal must file calendar year?			
		website <u>www.cityofmadi.</u> ilding, Madison, for more		html or go to the	Clerk's Office at
Date		Signature	thank we see the see		
		Print Name			•

Date: 2-24-09

Council
PRINT CLEARLY
Anita Arenson
Anita Arenson 439 W Dayton
Macerson, WI
경에 많은 있다. 아이는 얼마를 살으면 들었다.
and ☐, Wish to speak ☐, Do not wish to speak
Available to answer questions
on other than yourself: Yes V No
- C-7 - C TC 3 (C 11 6 T -7
t of this form If you answered "yes," provide the name
t of this form. If you answered "yes," provide the name
ization you are representing:
ization you are representing:
ization you are representing:
ization you are representing: ☐ Yes ☐ No rson or organization? ☐ Yes ☑ No
ization you are representing: ☐ Yes ☐ No rson or organization? ☐ Yes ☑ No

		elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
		vered "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	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?
(Plea Roon	se go i i 103 of	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		2-24-09 Signature Print Name Anta Archson
		Print Name Anta Archson

Date: 2/24/09

Registration Statement -	Common Council
Please Print	<u> 걸리일당님 [10 ml. 10 ml.] 이 교육일 동일로 되스트 스타함</u>
	PLEASE PRINT CLEARLY
	Name Shan Holstein
Agenda No.	Address 132 E Wilson St Apt 304
13187	Madison, WI 53703
Please check the appropriate boxes:	한다는 유소는 말로 다시되는 말은 다음은 사람들도 있다. 중국
Support	and Wish to speak
Oppose & m bus fair	
Neither Support Nor Oppose	
At this meeting are you representing an organ	nization or a person other than yourself: Yes No
	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	uestion)
Name, address and telephone number of each	n person or organization you are representing:
·	
Are you being paid for your representation?	☐ Yes ☐ No
	duties for this person or organization? Yes No
Are you appearing as part of your other paid (If you answered "no." STOP : you need not	t complete the rest of this form. If you answered "yes," go on to the next
question)	
Speaking Limits: Public Hearing (Com	mon Council)5 minutes
	3 minutes
Other Items	minutes

		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)	2
If you that:	ı are be	sing paid for your representation, or if your appearance is part of other paid duties, please be advised	1
	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 a the City-County Building, Madison, for more information)	t
Date :	26	4/2009 Signature	

Print Name Shari Holston

Date: 9/24/2009

CITY OF MADISON

Registration Statement - Common Council

Please Print	근로하는 바이트 생각 연락으로 보는 말로만 하는데 보다.
	PLEASE PRINT CLEARLY
	Name Muly Brywan
Agenda No.	Address 1021 M. Henm St.
13187	Madison, WI, 53703
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose NO Wease Neither Support Nor Oppose	Do not wish to speak ✓ Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organization (If you answered "no," STOP; you need not comp of who you represent and go on to the next question. Name, address and telephone number of each person	lete the rest of this form. If you answered "yes," provide the name n)
Are you being paid for your representation?	☐ Yes ☑ No
Are you appearing as part of your other paid duties (If you answered "no," STOP ; you need not comparestion.)	s for this person or organization? Yes No No plete the rest of this form. If you answered "yes," go on to the next

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or Yes 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: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization 1.. with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered with the 2. City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting 3.. 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 2 24 09 Signature

Print Name

Date: 2/24/09

Registration Statement -	Common Council
Please Print	COMMITTEE
	PLEASE PRINT CLEARLY
9	Name Julia Anthony Brown
Agenda No.	Address 2912 fatty Lane 4
131.87	Middleton, WI 53562
Please check the appropriate boxes:	
Support Oppose	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppos	
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
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
Information Hearing	amon 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? Yes No
(If you this fo	u answe rm. If y	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 that:	are be	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?
(Pleas Room	se go 103 oj	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: Feb 24, 200 9

Registration Statement -	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
metro faces	Name Barb Tarococit
Agenda No.	Address 489 Blackbild Lane
13187	Madison WI 53704
70,0.	
Please check the appropriate boxes:	
Compart Market Sales	and Wish to speak
Support Oppose Shand	Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions
At this meeting are you representing an organ (If you answered "no." STOP : you need not	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	
Name address and telephone number of each	h person or organization you are representing:
realite, address and telephone number of each	i person of organization you are representing.
	·
Are you being paid for your representation?	☐ Yes ✓ No
A war way a companies as most of your other paid	duties for this person or organization? Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not	t complete the rest of this form. If you answered "yes," go on to the next
question)	
Speaking Limits: Public Hearing (Com	ımon Council)5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

-		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.)
If you that:	are be	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 24 09

Registration State	ement - Common	Council
	COMMITTEE	
Please Print	PLEASE	E PRINT CLEARLY
43	Name	Helen Kitchel
Agenda No.	Address	3 225 Poffer St.
13187		
Please check the appropriate box	es:	
Support		and Wish to speak Do not wish to speak
Oppose Weither Support No.	cease for Metro or Oppose	Available to answer questions
At this meeting are you represent	ing an organization or a per	son other than yourself: Yes No
(If you answered "no," STOP ; yof who you represent and go on t		est of this form. If you answered "yes," provide the name
Name, address and telephone nur	nber of each person or organ	nization you are representing:
Are you being paid for your repre	esentation?	☐ Yes ☑ No
Are you appearing as part of you (If you answered "no," STOP; y question)	r other paid duties for this poou need not complete the re	erson or organization? Yes No est of this form. If you answered "yes," go on to the nex
. 1	earing (Common Council)	
	ms	3 minutes

		elected official or employee who is appearing solely on behalf of your office or for your munental body?	
		vered "yes" to the question, STOP. You need not complete the rest of this form, except that you answered "no" to the question, go on to the next question.)	u must sign
If you that:	u are be	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 City Clerk.	ı the
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any report period (half year), the principal must file expense statements with the City Clerk for remainder of the calendar year?	
		to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk of the City-County Building, Madison, for more information.)	's Office at
Date		Signature	
		Print Name	



Date: Feb 24, 2019

Registration Statement	Common Council
Please Print	공기를 보기 시간 경험에는 지일 갖고 보면을 모음을 살았다.
	PLEASE PRINT CLEARLY
2	Name and Lohman
Agenda No.	Address 225 Petter Street
13187	Madison WI 53715
Please check the appropriate boxes: Support	and ☐ Wish to speak
Oppose Metro Fare Joer Neither Support Nor Oppose	Do not wish to speak Available to answer questions
At this meeting are you representing an organic (If you answered "no," STOP; you need not confirm of who you represent and go on to the next que	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each p	person or organization you are representing:
	11. 11.110 11.110 11.110
· · · · · · · · · · · · · · · · · · ·	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not co question.)	uties for this person or organization? Yes Wo complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	non 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? [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 that:	ı are b	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 the City-County Building, Madison, for more information)
Date		Signature
		Print Name

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Date:	1	1-1		

Registration Statement	Common Council
Please Print	PLEASE PRINT_CLEARLY
7	Name (EN) MANSKi
Agenda No.	Address 334 D AMOTH CT-
13187	
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	Available to allswel questions
At this meeting are you representing an organ	nization or a person other than yourself: Yes No
(If you answered "no," STOP ; you need not of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name uestion)
-	h person or organization you are representing:
Traine, address and telephone number of each	T portion of organization you are representation.
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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.)	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	amon 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? 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 that:	are be	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 the City-County Building, Madison, for more information)
Date		Signature
		Print Name

		CITY OF MA	DISON		
Registrat	ion Statement	Common (Council		
		COMMITTEE			
Please Print		DIEACE	PRINT CLEARLY		
	2	Name	Wendi Sus:	5man	
Agenda No.		Address	430 N. Jenr	120	
	13187				
Please check the appr	on inte hoves				
riease check the appr	opnate boxes.				
Support Oppose	aguinst rain	ig fee	and Wish to spe		
	*			o answer question	ons
Neitner Su	pport Nor Oppose	e			
(If you answered "no	ou representing an organ," STOP; you need not and go on to the next q	complete the res	on other than yourself: t of this form. If you ans	☐ Yes wered "yes," pi	No rovide the name
Name, address and te	lephone number of each	h person or organ	ization you are represen	ting:	
					,
<u> </u>					
· · ·	<u> </u>				
Are you being paid for	or your representation?			Yes	No
	part of your other paid," STOP; you need not		rson or organization? It of this form. If you an	☐ Yes swered "yes," g	No o on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	goograpoorarooga agreemento estable	3 minutes		

		lected official or employee who is appea mental body?	ring solely on behalf of your office or for your municipality or Yes No
		ered "yes" to the question, STOP. You ne you answered "no" to the question, go on	eed not complete the rest of this form, except that you must sign to the next question)
If you that:	ı are be	ing paid for your representation, or if y	our appearance is part of other paid duties, please be advised
	1.,	Before you engage in lobbying as a lo with the City Clerk	bbyist, you or your principal must file an authorization
	2	Your principal is not permitted to aut City Clerk	horize you to lobby unless you are registered with the
	3		nore than \$1,000 for lobbying services in any reporting t file expense statements with the City Clerk for the
		o the City Clerk's website <u>www.cityofi</u> the City-County Building, Madison, for n	madison.com/clerk/index.html or go to the Clerk's Office at nore information.)
Date		Signature	
		Print Name	

	CITY OF MADISON
Registration Statement	Common Council
<u>Please Print</u>	
	PLEASE PRINT CLEARLY
	Name LARRY WARMAN
Agenda No	Name LARRY WARMAN Address 360 W WASHINGTON AVE #201 MACASA)
13187	MARISON
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	nization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and telephone number of each	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 (If you answered "no," STOP; you need not 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
Information Hearing	amon Council)5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing somental body?	olely on behalf of your office or for your municipality or Yes No
	ered "yes" to the question, STOP. You need not you answered "no" to the question, go on to the	complete the rest of this form, except that you must sign next question)
If you are	eing paid for your representation, or if your ap	pearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist with the City Clerk.	, you or your principal must file an authorization
2.	Your principal is not permitted to authorize City Clerk.	you to lobby unless you are registered with the
3.		an \$1,000 for lobbying services in any reporting expense statements with the City Clerk for the
	to the City Clerk's website <u>www.cityofmadisc</u> f the City-County Building, Madison, for more in	on.com/clerk/index.html or go to the Clerk's Office at afformation.)
Date	Signature	
	Print Name	

Date: <u>8/24 (69</u>

CITY OF MADISON

Common Council

Registration Statement -

COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. 13187 Please check the appropriate boxes: Wish to speak and Support \$200 BUSFARE * 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: 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 question) Name, address and telephone number of each person or organization you are representing: Yes Are you being paid for your representation? Yes Are you appearing as part of your other paid 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 question.) Public Hearing (Common Council)...... 5 minutes Speaking Limits: * Leould Support \$1.75 as proposed by the Transit

		ected official or emplonental body?	oyee who is appear	ing solely on behalf of yo	our office or for your	municipality or \(\square\) No
		red "yes" to the quest ou answered "no" to t		ed not complete the rest of to the next question)	f this form, except tha	t you must sign
If you that:	are be	ing paid for your repr	esentation, or if yo	our appearance is part of	other paid duties, ple	ase be advised
	1.	Before you engage i with the City Clerk.	n lobbying as a lol	bbyist, you or your princip	oal must file an autho	rization
	2.	Your principal is no City Clerk	et permitted to auth	norize you to lobby unless	s you are registered v	vith the
•	3.		the principal must	ore than \$1,000 for lobby file expense statements		
		o the City Clerk's we the City-County Buildi		nadison.com/clerk/index.h nore information)	<u>tml</u> or go to the Cl	erk's Office at
Date _	3/3:	4/09	Signature	Elegabeth	M Cesso	20
	,		Print Name	Elizatoria 1	y Wessel	<u>.</u>

Date: 2-24-09

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print		PLEASE PRIN	T NAME CLE	EARLY	
Agenda No.	13187	Address/84	02 MO		57., UNIT 17 111-202 &
Please check the ap	propriate box:		Please check t	the appropriat	e box:
At this meeting are y (If you answered "no of who you represent the little for	upport Nor Oppose you representing an organizate of "STOP; you need not come thank go on to the next questing of MONEY IS elephone number of each per	ion or a person other plete the rest of this f	than yourself: form. If you ans	sh to speak to answer quest Yes swered "yes," p N FRON nting: THREZ BILLES LUJJE	No provide the name
Are you being paid f	for your representation?		<u>.</u>	Yes	☑ No
Are you appearing a (If you answered "na question)	s part of your other paid duti o," STOP; you need not con	es for this person or on plete the rest of this	rganization? form If you an	☐ Yes aswered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing	3 minut	es		

Are you an e other govern	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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, –	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

8

Date:	_	1	;	- 5	` ·	

Registration Statement -	Common Council					
	IN COMMITTEE 시간에는 사용하는 가능하는 것은 사용하는 것은 것이 되는 것으로 가능하는 것으로 받았다. 하는 BASE 등 사용하는 것은 것으로 가능하는 것이 있는 것은 사용하는 것이 되었다.					
Please Print	PLEASE PRINT CLEARLY					
	Name dy Cou					
Agenda No.	Address (16 Dully Ly Ly					
13187	Madon, WI 537/4					
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 Avanable to answer questions					
At this mosting are very corresponding an ergo	nigotion or a narrow when then transported to No.					
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 q						
Name, address and telephone number of each	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	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next					
question.)	complete the rest of this form if you answered yes, go on to the next					
question, and a second	그 학부 기계되어 가입 본과 생활, 지원 기계 없는 밤					
	mon Council) 5 minutes					
The state of the s	nnonenenenenenen 3 minutes					
Other Items	minutes					

		ted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body?
		d "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 a that:	re being	g 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 a c City-County Building, Madison, for more information)
Date		Signature
		Print Name

Date: $\frac{2}{24/09}$

Registrat	ion Statement -	Common	Council		
Please Print					
			PRINT CLEARLY		
- H	13187	Name	Mary Bean		
Agenda No. $\frac{3}{2}$		Address	Mary Bean 404 Tompkins Da Mad 15on 53716		
			Mad 150n 53	3716	
Please check the appr					
Support Oppose Neither Su	િડ પ્રકૃષ્ણ ને ક્ ipport Nor Oppo	se vernen)	and Wish to spea Do not wish Available to	ık to speak answer ques	stions
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:					
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			· · · · · · · · · · · · · · · · · · ·		
Are you being paid for your representation?			Yes	□ No	
Are you appearing as (If you answered "no question)	part of your other pa ," STOP; you need n	id duties for this pe not complete the res	rson or organization? st of this form. If you ansy	Yes wered "yes,"	☐ No ' go on to the next
Speaking Limits:	Public Hearing (Co Information Hearin 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? [] 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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Date		Signature
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