

ID# 07172

Date: 9-4-07

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

Agenda No. 187

PLEASE PRINT CLEARLY

Name Robert Artis
Address 8424 Cheltenham Ct. #2

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and

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

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) 5 minutes
 Information Hearing 3 minutes
 Other Items 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

*(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 9/4/07

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

Please Print

Agenda No. 137

PRINT NAME CLEARLY

Name

Address

STV Levitt

4181 Cherokee Dr

MEN WI

Please check the appropriate boxes:

Support

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

Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Community Dev- Av Showy
215 MCK

Are you being paid for your representation?

Yes

No

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

Yes

No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Registration Statement - Page 2

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 9/4/07

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

Agenda No.	<u>137</u>
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PRINT NAME CLEARLY

Name Lisa Seroeck
Address 418 S. Common #4
Madison, WI 53719

Please check the appropriate boxes:



Support

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



Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?

Yes No

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

Yes No

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(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 9/4/07

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

Agenda No. 137

PRINT NAME CLEARLY

Name

Address

Dean Loumos

2724 Milwaukee Kee

Please check the appropriate boxes:

Support

Wish to speak *if I'm still here*
 Do not wish to speak
 Available to answer questions

Oppose

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

At this meeting are you representing an organization or a person other than yourself: Yes No

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation?

Yes No

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

Yes No

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Date _____

Signature _____

Print Name _____

Date: 9/14/07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 137

PLEASE PRINT CLEARLY

Name

Address

Gregg Shimanski

2945 Monroe St

MADISON, WI 53711

Please check the appropriate boxes:



Support
Oppose
Neither Support Nor Oppose

and

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

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Community Development Authority
VICE CHAIRMAN

Are you being paid for your representation?

Yes No

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

Yes No

(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Date _____ Signature _____
Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

Agenda No. 137

PLEASE PRINT CLEARLY

Name Tom LANGRAF
Address 104 85th St
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 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:

CDA

Are you being paid for your representation? Yes No

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Signature _____

Print Name _____