		Date: 5/19/09
	CITY OF MADI	SON
Registration Statement -	Common Co	uncil
Please Print 14445	PLEASE F	PRINT NAME CLEARLY
Agenda No. 51	Name Address	BUCK Sweeney Axley
Please short the annual in the		
Please check the appropriate box: Support Oppose Neither Support Nor Oppose	AND e	Please check the appropriate box: Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	t complete the rest of	other than yourself: Yes No this form If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organizat	ion you are representing:
Are you being paid for your representation?		I Ves □ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	duties for this person t complete the rest of	n or organization? Yes \(\sum \) No fthis form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con	nmon Council)5 r	ninutes

Information Hearing 3 minutes
Other Items 3 minutes

Are you an el other governn	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 are be that:	ing 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?
	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 \mathcal{S}	-19-09 Signature Bull fund
	Print Name Bull Guerry

Date:	5.1	909	. 1
Dute.		//-	 _

CITY OF MADISON

	Common Council		
Please Print 14445	PLEASE PRINT CLEARLY		
Agenda No. 5/	Name <u>La Verne</u> Address <u>8821 Min</u> <u>Verona</u>	Theis neval PT Rd 53993	
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	and Wish to Do not w		
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 Name, address and telephone number of each page 1.	omplete the rest of this form. If you e estion)	answered "yes," provide the na	me
Are you being paid for your representation?		☐ Yes ☑ No	
Information Hearing	nuties for this person or organization? complete the rest of this form. If you non Council) 5 minutes 3 minutes 3 minutes	?	ext

	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)
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

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Date:	1 1	1 -1			
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CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print 1445	PLEASE PRINT CLEARLY
Agenda No.	Name Randy Theis Address 9101 m. neral pt Rd Verona
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☑ No
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

Are you an electe other government	d official or employee who is appearing all body?	ng solely on behalf of your office of	or for your municipality or Yes No
	"yes" to the question, STOP. You need this was a state of the state of the question, go on the state of the		, except that you must sign
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 loblith the City Clerk.	byist, you or your principal must fi	le an authorization
and the second s	our principal is not permitted to authority Clerk.	orize you to lobby unless you are	registered with the
pe	your principal spends or will owe more eriod (half year), the principal must mainder of the calendar year?		
	e City Clerk's website <u>www.cityofm</u> City-County Building, Madison, for mo		to the Clerk's Office at
Date	Signature	- The second	
	Print Name		

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	CITY OF MADISON
Registration Statement	Common Council
Please Print 14445	PLEASE PRINT CLEARLY
Agenda No. 5	Name Karen The.S Address 6505 Old Sauk Rd Mad.son
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 q	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
question)	t complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	mon Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

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Date	Signature
	Print Name