CITY OF MADISON
Common Council COMMITTEE
PLEASE PRINT NAME CLEARLY Name <u>karen Sielaff</u> Address <u>14 georgetown Ct.</u> Madison, w/ 53719
Please check the appropriate box: Wish to speak Do not wish to speak Available to answer questions ization or a person other than yourself: Yes No
complete the rest of this form If you answered "yes," provide the name estion) person or organization you are representing:

Date: <u>9-18-07</u>

Yes

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

Are you being paid for your representation?

question.)

Speaking Limits:

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

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

	ou an elected official or employee who is appearing solely on behalf of your office or for your municipality or covernmental body?
	answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign m. If you answered "no" to the question, go on to the next question)
If you that:	are being 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
4.	2. 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?
	e go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 103 of the City-County Building, Madison, for more information)
Date _	Signature
	Print Name

	118	2)
Date:	- / 0	. 0	<u>/ 1888</u> 3

Registration S	tatement - <u>Common</u>	Council	
Please Print O Agenda No.		SE PRINT NAME CLEARLY Cheri Yearow s 6813 Park Edgy DV	
Please check the appropria	te box:	Please check the appropriate box:	
Support Oppose Neither Support	AND t Nor Oppose	Wish to speak Do not wish to speak Available to answer questions	
At this meeting are you repro (If you answered "no," STO of who you represent and go		rson other than yourself: Yes No est of this form. If you answered "yes," provide the nat	me
Name, address and telephone	e number of each person or organ	nization you are representing:	
Are you being paid for your	representation?	☐ Yes ✓ No	
Are you appearing as part of (If you answered "no," STO question)	your other paid duties for this poper, you need not complete the re	person or organization?	ext
Infor	ic Hearing (Common Council) mation Hearing r Items		

	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 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 f the City-County Building, Madison, for more information.)
Date	Signature
	All the state of the

Date:	9	-/.	6	-0	

Registration Statement	Common Council
	COMMITTEE
Please Print 64196	PLEASE PRINT NAME CLEARLY
Agenda No	Name Barbara Schultz Address 2304 McKenna 53711
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q	t complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of eac	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 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 emerimental body?	ployee who is appea	aring solely o	n behalf of your	office or for you Yes	ır municipality o ☐ No	r
	swered "yes" to the que If you answered "no" to				is form, except to	hat you must sigr	1
If you are that:	being paid for your re	presentation, or if	your appearar	nce is part of oth	eı paid duties, p	olease be advised	1
1.	Before you engage with the City Cler	e in lobbying as a lok.	obbyist, you o	or your principal i	must file an autl	norization	
2	Your principal is City Clerk	not permitted to au	thorize you to	o lobby unless yo	ou are registered	I with the	
3		pends or will owe repends or will owe repended must be alendar year?					
	o to the City Clerk's of the City-County Bui				or go to the (Clerk's Office a	t
Date		Signature Print Name					

Date: 58+ 18,2007

Registrat	ion Statement -	<u>Common (</u>	Council		
Dlaces Daint		COMMITTEE			
Please Print	04196	PLEAS	E PRINT NAME CLI	EARLY	
" 	9/	Name	Marjorie -	Hannan	Per
Agenda No) <u>b</u>	Address	5913 Bari	Hett LO	
			Madesan L	U 53:	211
Please check the app	oropriate box:		Please check	the appropriat	e box:
		AND	Wish to sp		
Oppose Neither Su	ipport Nor Oppo	L	Do not wis Available	to answer quest	ions
			son other than yourself:	Yes	NA
(If you answered "no	," STOP; you need no	ot complete the res	st of this form. If you an		provide the name
	and go on to the next	•			
Name, address and te	elephone number of ea	ch person or organ	nization you are represen	nting:	-
		·		· 	
Are you being paid for	or your representation	?		Yes	No
			erson or organization? st of this form. If you ar	Yes nswered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Co Information Hearing Other Items	g	3 minutes		

Date: <u>Sep 18, 2007</u>

Registration Statement -	Common Council
	COMMITTEE
Please Print 04196	PLEASE PRINT NAME CLEARLY
Agenda No86	Name EARL T. GRITTON Address 6334 Shoreham Dn Machison, WI 53711
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppo	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 ea	ch person or organization you are representing: 5 entative on the Greenthee
Neighborhood Assoc	sentative on the Greentree. But we have not taken a progenization
position as an	organization
Are you being paid for your representation	? Yes ZNo
Are you appearing as part of your other pair (If you answered "no," STOP; you need n question)	id duties for this person or organization? Yes Anoto Yes on to the next of this form. If you answered "yes," go on to the next
Information Hearin	mmon Council) 5 minutes g 3 minutes 3 minutes

	REGISTRATION STATEMENT - PAGE 2
Are you an elother governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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)
If you are be that:	sing 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 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date Co.	ot 18'07 Signature Earl Trillon Print Name EARL TO GRITTON
Danc Jef	ot 18'07 Signature Cold 1. Strillon Print Name EARL T. GRITTON

Date: 9 - 18 - 07

Registrat	ion Statement -	COMMITTEE		
Please Print	04196	PLEASE PRINT NAM		
		Name JOHN	BAUHS	
Agenda No. 86	3	Address BURR	DAKS NEIGHBOI ASSOC	
11g0nua 1100		Addicss NUNC	4550r	
Please check the ap	propriate box:	Please	check the appropriate box:	•
Support			sh to speak	
Support Oppose			not wish to speak	
	upport Nor Oppos	e Av	ailable to answer questions	
		'	ourself: Yes N	Jo.
At this meeting are y	ou representing an organical organical control of the control of t	nization or a person other than you to complete the rest of this form. If		
of who you represent	t and go on to the next	question)	·	
			representing	
Name, address and to	elephone number of each	h person or organization you are	toprosomms.	
				/
Are you being paid f	for your representation?	•	☐ Yes	No
Are you appearing a	s part of your other pai	d duties for this person or organiz	ation? 🔲 Yes 🔯 1	No
(If you answered "n	o," STOP; you need n	ot complete the rest of this form	f you answered "yes," go on	1 to the nex
question)				•
Speaking Limits:		nmon Council) 5 minutes		•
·		3 minutes		
	Other Items	3 minutes		

-	n elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body?
	swered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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 to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 8 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 9 - 18 - 07

Registration Statement -	Common Council
	COMMITTEE
Please Print 04196	PLEASE PRINT NAME CLEARLY
Agenda No. 86	Name RUTH ANN BAUHS Address BURR DAKS NEIGHBORHOOD ASSOC
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose At this meeting are you representing an org (If you answered "no," STOP; you need no	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 Name, address and telephone number of ea	ch person or organization you are representing:
Are you being paid for your representation	
Are you appearing as part of your other pair (If you answered "no," STOP ; you need n question)	id 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 Hearin	mmon Council) 5 minutes g 3 minutes 3 minutes

Are you an elected official or employee who is apport other governmental body?	pearing solely on behalf of your office or for your municipality or Yes No
(If you answered "yes" to the question, STOP. You this form. If you answered "no" to the question, go	u need not complete the rest of this form, except that you must sign on to the next question)
If you are being paid for your representation, or that:	if your appearance is part of other paid duties, please be advised
1. Before you engage in lobbying as a with the City Clerk.	a 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
	re more than \$1,000 for lobbying services in any reporting must file expense statements with the City Clerk for the
(Please go to the City Clerk's website <u>www.cit</u> Room 103 of the City-County Building, Madison, fo	yofmadison.com/clerk/index.html or go to the Clerk's Office at or more information)
Date Signature Print Nan	

Date:	9 -	18	.07	
Date.		<u>(4)</u>		· .

Registration Statement	
Please Print 04196	PLEASE PRINT NAME CLEARLY
Agenda No. <u>&Co</u>	Name Date Cox Address 1045 Ridge Wood Way Madison WI 53713
Please check the appropriate box:	Please check the appropriate box:
SupportOpposeNeither Support Nor Opp	AND ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an of (If you answered "no," STOP ; you need of who you represent and go on to the ne	rganization or a person other than yourself: \(\overline{\times}\) Yes \(\overline{\to}\) No not complete the rest of this form If you answered "yes," provide the name st question)
	each person or organization you are representing:
Burn Oaks Neighborn	hovel assoc. 1645 Rilgard Day Madison Wes
Are you being paid for your representation	on? Yes X No
Are you appearing as part of your other part (If you answered "no," STOP; you need question)	naid 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 Hear	Common Council) 5 minutes ing 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 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) Signature
	Print Name

Date: 9/18/2007

Registrat	tion Statement -	Common Co	<u>uncil </u>		
		COMMITTEE			
Please Print	04196	PLEASE I	PRINT NAME CLEA		
~~ <u>,</u>		Name	Kolf Rode	feld	
Agenda No.	60	Address	602 5 The	inton Ave	
			Madison U	NI 5370	J_3
Please check the ap	propriate box:		Please check the	appropriate box:	. *.
Support Oppose Neither S	upport Nor Oppos	AND	Wish to speak Do not wish to Available to a		
(If you answered "ne	you representing an org o," STOP; you need no t and go on to the next	ot complete the rest o	other than yourself: f this form If you answe	Yes Yoo No pred "yes," provide the	пате
Name, address and t	elephone number of each	ch person or organiza	tion you are representin	g:	
				· · · · · · · · · · · · · · · · · · ·	
			<u></u>		•
Are you being paid	for your representation	? .		☐ Yes ☐ No	
Are you appearing a (If you answered "n question.)	s part of your other pairo," STOP; you need n	d duties for this perso ot complete the rest o	on or organization? of this form. If you answ	Yes No ered "yes," go on to the	e next
Speaking Limits:	Information Hearing	mmon Council) 5	minutes		
	Otner Hems	3	mmutes	•	

Are you a other gov		official or employee who is appearing solely on behalf of your office or for your municipality or body?
		yes" to the question, STOP. You need not complete the rest of this form, except that you must sign swered "no" to the question, go on to the next question)
If you are that:	e being p	aid for your representation, or if your appearance is part of other paid duties, please be advised
1.	the second second	ore you engage in lobbying as a lobbyist, you or your principal must file an authorization h the City Clerk
2		ur principal is not permitted to authorize you to lobby unless you are registered with the y Clerk.
3	per	our principal spends or will owe more than \$1,000 for lobbying services in any reporting iod (half year), the principal must file expense statements with the City Clerk for the nainder of the calendar year?
	•	City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ity-County Building, Madison, for more information.)
Date		Signature
		Print Name

	Date: 1/18/0/
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print 04192	PLEASE PRINT NAME CLEARLY
	Name TANIA BANAK
Agenda No.	Address 2028 Westbrook Lane
	Madison, WI 53711
Please check the appropriate box:	Please check the appropriate box:
 ✓ 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:
	등 보통 경기 기계 기계 등 보통 기계 등 보통 기계 등 경기 기계를 보통 보는 기계 등 보통 기계 기계 등 보통 기계 등
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

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

question)

Speaking Limits:

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No		
Committee of the contract of t	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 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?		
the state of the s	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 Dan Bank		
	Print Name		

Date: 9-18-07

Registration	Statement	Common Council
		COMMITTEE
Please Print	04196	PLEASE PRINT CLEARLY
		Name LARRY LUTHER
Agenda No. 86		Address 1702 Golden OAK LANE
		madison wi
Please check the appropri	ate boxes:	
Support		and Wish to speak
Oppose		Do not wish to speak Available to answer questions
Neither Supp	ort Nor Oppos	e Available to answer questions
Name, address and teleph	none number of each	h person or organization you are representing:
Address AS	Mhoo-	
Are you being paid for yo	our representation?	☐ Yes ☐ No
Are you appearing as par (If you answered "no," S question)	t of your other paid TOP; you need not	duties for this person or organization? Yes You complete the rest of this form. If you answered "yes," go on to the next
<u>Ir</u>	nformation Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

Are you an e other govern	elected official or emplo mental body?	yee who is appear	ring solely on behalf		or for your munici	pality or
	ered "yes" to the question of the great in the great the contract of the contr				n, except that you n	nust sign
If you are be that:	eing paid for your repre	esentation, or if yo	our appearance is pa	rt of other pai	d duties, please be	advised
	Before you engage in with the City Clerk.	ı lobbying as a lol	obyist, you or your p	rincipal must f	ile an authorization	
2.	Your principal is not City Clerk	permitted to autl	norize you to lobby i	unless you are	registered with the	•
3.	If your principal sper period (half year), the remainder of the cale	he principal must				
	to the City Clerk's we the City-County Buildin			<u>dex.html</u> or go	to the Clerk's (Office at
					, CA	
Date \mathcal{I}_{-}	18.07	Signature <	Some	e X	Suke	\
		Print Name	LAUDENCE	6.107	KER 57	
		승규를 보고 있다. 당시 역 보고 있는 것 같은 것				
		일하다 한 경험을 받았다. 스크리 기관을 받았다.				

				Date: 9/18/07	
		CITY OF MA	ADISON		
Registrati	on Statement -	Common COMMITTEE	Council		
Please Print Agenda No.	04196 8 6.		EPRINT NAME CLE BY NA MUNZ Co Hays K	Fernecke VP. VJ. Madison UI 537	70
Please check the app				he appropriate box:	
Neither Su At this meeting are yo	," STOP; you need r	ose ganization or a per not complete the re	son other than yourself:		
Name, address and te	lephone number of e	ach person or orga	nization you are represen	iting:	
MMZ Co	Wpovehion	608 253-	5166 Haye	s Rd. Modisa wa	<u>r</u> -
					-
Are you being paid fo	or your representation	1?		☐ Yes ☑No	
Are you appearing as (If you answered "no question)	part of your other pa ," STOP; you need t	nid duties for this period complete the re	erson or organization? est of this form. If you an	Yes \QNo eswered "yes," go on to the next	t
Speaking Limits:	Public Hearing (Co Information Heari Other Items	ıg	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
 To the second of the	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 l that:	peing 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: $\frac{9/18/x7}{}$

Registration Statement	Common Council
	COMMITTEE
Please Print 04196	PLEASE PRINT NAME CLEARLY
C /	Name Keith Mitchell + Linda Stache Address 1402 hury La-
Agenda No. 86	Address 1402 hugy La-
	Madison (5)7/1
Please check the appropriate box:	Please check the appropriate box:
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 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

A CONTROL OF THE CONT
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)
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information)
Date 9/18/89 Signature Loth Mathematical Print Name Keith Mathell
of Constitution of Musicana

De feel strongly that the Chronic Nuisance ordinance is another vital tool to help stem the many problems in our neighborhood— as does our neighborhood police officer, Caleb Bedford. It will also stop the drain on resources that a relative to few couse. That would free up our tax dollars for other services, rather than for police responses.

CITY OF MADISON

Registrati	on Statement -	Common C	ouncil	
		COMMITTEE		
Please Print	04196	PLEASE PRINT NAME CLEARLY		
91		Name	Lucy Gibson	
Agenda No	\mathcal{D}	Address	Lucy Gibson 1610 Angel Madison	WI 53716
Please check the app	ropriate box:			appropriate box:
Support Oppose Neither Su	pport Nor Oppos	AND e	☐ Wish to speak ☐ Do not wish to ☐ Available to a	t o speak inswer questions
(If you answered "no, of who you represent	" STOP; you need no and go on to the next o	t complete the rest question)	on other than yourself: of this form If you answer zation you are representing	☐ Yes ☑ No ered "yes," provide the name ng:
Are you being paid for	r your representation?	,		☐ Yes No
Are you appearing as (If you answered "no question)	part of your other paid," STOP; you need no	d duties for this pe ot complete the res	rson or organization? t of this form. If you answ	☐ Yes ☐ No vered "yes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	3 minutes	

Are you an elected other governments	d official or employee who is appearing solely on behalf of your office or for your municipality or al body?
(If you answered this form If you a	"yes" to the question, STOP . You need not complete the rest of this form, except that you must sign nswered "no" to the question, go on to the next question)
If you are being that:	paid for your representation, or if your appearance is part of other paid duties, please be advised
	efore you engage in lobbying as a lobbyist, you or your principal must file an authorization ith the City Clerk
	our principal is not permitted to authorize you to lobby unless you are registered with the ity Clerk
ре	your principal spends or will owe more than \$1,000 for lobbying services in any reporting eriod (half year), the principal must file expense statements with the City Clerk for the emainder of the calendar year?
(Please go to the Room 103 of the	ne City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information)
Date	Signature Print Name

	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
04196	PLEASE PRINT NAME CLEARLY
Agenda No. <u>86</u>	Name Brent L. Midelfort Address 5310 Hammersley Pal. Madison, W153711
Please check the appropriate box:	Please check the appropriate box:
✓ Support☐ Oppose☐ Neither Support Nor Oppo	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
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pa (If you answered "no," STOP ; you need n 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 Hearin	ommon Council) 5 minutes ng 3 minutes 3 minutes

Date:

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
100	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 are beinthat: 1. 2. 3.	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?
	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: 9/18/07

Registration Statement	Common Council
Please Print 04196	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Martha Howell Address 5917 Hammersley Rd.
Please check the appropriate box:	Please check the appropriate box:
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 quantum of the your representation of the next quantum of the your representation of the your representa	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 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

	in elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body? Yes No
	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 ar that:	e being paid for your representation, or if your appearance is part of other paid duties, please be advised
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,	to to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at B of the City-County Building, Madison, for more information)
Date	Signature Print Name

Date: 4 8 9

Registration	on Statement	COMMITTEE	Hen		
		COMMITTEE			
Please Print	04196	PLEASE PF	RINT NAME CLEAF	RLY	
	04/01	/	1 11 00 0		
0.7		Name	4mia Mosie		
Agenda No.		Address	5965 Ham	mysley Rol	
			Madi	AM 58711	
			1,86		
Please check the appr	ropriate box:		Please check the	appropriate box:	
\			Wish to speak		1
Support		AND	Do not wish to		
Oppose	L Nov Oppose		Available to a	nswer questions	
Neitner Su	pport Nor Oppos			_ /	
At this meeting are yo	u representing an orga	nization or a person o	ther than yourself:	Yes No	
(If you answered "no,	" STOP; you need not	t complete the rest of	this form. If you answe	ered "yes," provide the n	ите
of who you represent of	and go on to the next q	question)			
Name, address and tel	ephone number of eac	h person or organizati	ion you are representir	ig:	
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Are you being paid fo	r your representation?	•		☐ Yes ☐ No	
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Are you appearing as	part of your other part ." STOP: you need no	ot complete the rest of	this form If you answ	vered "yes," go on to the	next
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Speaking Limits:	La farmation Mooring	2 v	in in itaa		
	miormation ricaring	Z	ninutes		
	Other Items	g3 r 3 r	minutes 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 are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.) Signature
	Print Name

Date: 4 18 0

Registration Statement	Common Council	
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Please Print		
04196	PLEASE PRINT NAME (CLEARLY
	Name 100	w.tchinsa
Agenda No. 4 86	Address	
Agenda No. 27	Address	
Please check the appropriate box:	Please che	ck the appropriate box:
Support		o speak
Oppose		wish to speak ble to answer questions
Neither Support Nor Oppose	Avana	Die to answei questions
(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	uestion)	
		∏ Yes ☐\No
Are you being paid for your representation?	•	
Are you being paid for your representation? 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 complete the rest of this form. If yo	n? Yes No

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

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	7//0/07	
Date:	(118/01	
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Registration Statement -	Common Council
Please Print 04196	PLEASE PRINT NAME CLEARLY
Agenda No 86	Name KRNNeth R. Thomas Address 2106 Teal Drive Madism
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppos	Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q	t complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of eac	th person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP ; you need no question)	d duties for this person or organization? Yes No 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 elected other governmental	official or employee who is appearing solely on behalf of your office or for your municipality or body?
(If you answered "y this form If you ans	ves" to the question, STOP . You need not complete the rest of this form, except that you must sign swered "no" to the question, go on to the next question)
that:	id for your representation, or if your appearance is part of other paid duties, please be advised
	ore you engage in lobbying as a lobbyist, you or your principal must file an authorization the City Clerk
	or principal is not permitted to authorize you to lobby unless you are registered with the y Clerk.
peri	our principal spends or will owe more than \$1,000 for lobbying services in any reporting iod (half year), the principal must file expense statements with the City Clerk for the nainder of the calendar year?
(Please go to the Room 103 of the C	City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ity-County Building, Madison, for more information)
Date	Signature Print Name

Date: 7 /18/07

Registratio	on Statement	Common Council
		COMMITTEE
Please Print	04196	PLEASE PRINT NAME CLEARLY
	0/	Name CHDY IHOMHS
Agenda No.	00	Address Z/Ob Ral Dr
		Madison
Please check the appr	opriate box:	Please check the appropriate box:
Support		☐ Wish to speak
Oppose		AND Do not wish to speak Available to answer questions
	port Nor Oppos	se Available to answer questions
of who you represent a	nd go on to the next q	ot complete the rest of this form. If you answered "yes," provide the name question.) ch person or organization you are representing:
Are you being paid for	your representation?	? ☐ Yes ☐ No.
Are you appearing as I (If you answered "no, question)	oart of your other paid "STOP; you need no	id duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	vered "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 l that:	peing 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?
	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: 711870 +	
	CITY OF MAD	NSON	
Registration Statement -	Common C	ouncil	
Please Print 04196		PRINT NAME CLEARLY	
	Name	Madeline Fisher	
Agenda No. <u>86</u>	Address	638 Frederick Lane	
		Madeline Fisher 638 Frederick Lane Madison, WI 53711	
Please check the appropriate box:		Please check the appropriate box:	
Support Oppose Neither Support Nor Oppos	AND se	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions	
of who you represent and go on to the next of	nt complete the rest question)	of this form. If you answered yes, provide the name	
Name, address and telephone number of eac	ch person or organi	zation you are representing:	
Are you being paid for your representation?		☐ Yes ☐ No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	d duties for this per ot complete the res	rson or organization? Yes No t of this form. If you answered "yes," go on to the nex.	

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

Other Items 3 minutes

Speaking Limits:

Are you an ele other governme	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 are beir that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information)
Date 9118	Signature Madeline Fisher Print Name Madeline Fisher

Date: 9/18/2007

Registration Statement -	Common Council
	COMMITTEE
Please Print 04196	PLEASE PRINT NAME CLEARLY
	Name Patrick Gorski
Agenda No. <u>86</u>	Address 638 Frederick Lane
	Madison WI 53711
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppos	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 XNo
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 You are You are You go on to the next 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 elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question)
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:
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
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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information)
4-14
Date 9/18/2007 Signature Putnick Gorski
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Date: <u>9-/7-07</u>

Registrat	ion Statement -	Common Council
		COMMITTEE
Please Print	04196	PLEASE PRINT CLEARLY
Agenda No.	0	Name //CKL Hellenbrand Address 78/7 Brule St.
		Madison, WI. 63717
Please check the app	ropriate boxes:	(I own 6306-08 Bethy's LN.)
Support Oppose Neither St	upport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no	ou representing an org o, " STOP; you need no t and go on to the next	anization or a person other than yourself: \[Yes \neglightarrow You complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and to	elephone number of eac	ch person or organization you are representing:
Are you being paid f	or your representation?	?
Are you appearing as (If you answered "no question)	s part of your other paid o, " STOP; you need no	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	mmon Council)5 minutes g3 minutes3 minutes

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

Date: 51 pt. 18, 2007

Registrat	tion Statement -	Common Council COMMITTEE		
Please Print	04196	PLEASE PRINT CLEARLY		
Agenda No	$i(\rho)$	Name Marys M Address 5717 Bar Madisc	1. Mil Hett I m	ler
Please check the app	propriate boxes:			
Support Oppose Neither St	upport Nor Oppos	and ☐ Wish to spec ☐ Do not wish ☐ Available to	ak i to speak o answer ques	tions
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Are you being paid i	for your representation?		☐ Yes	[VNo_
Are you appearing a (If you answered "n question.)	s part of your other paid o," STOP; you need no	I duties for this person or organization? the complete the rest of this form If you ans	☐ Yes wered "yes,'	No go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 minutes 3 minutes 3 minutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your mynicipality or other governmental body? Yes (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 9-18-07 Signature

			Date: 9-18-07
		CITY OF MADISON	
Registrat	ion Statement -	Common Council	
Please Print	04196	PLEASE PRINT CLEARLY Name Shelia Shib	\
Agenda No. 80)	Address Name Address Name Madison W	MOOOLS C+#2 上 53 チ13
Please check the app	ropriate boxes:		
Support Oppose Neither Si	upport Nor Oppos	and Wish to spea Do not wish Available to	
(If you answered "no	ou representing an orga o, " STOP; you need no t and go on to the next o	anization or a person other than yourself: It complete the rest of this form. If you ansv question)	☐ Yes No wered "yes," provide the name
Name, address and to	elephone number of eac	ch person or organization you are represent	ing:
Are you being paid f	or your representation?		☐ Yes ☐ No
Are you appearing as (If you answered "na question)	s part of your other paid o," STOP; you need no	d duties for this person or organization? ot complete the rest of this form. If you ans	☐ Yes ☐ No wered "yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes	

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	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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

		Date: 9-18-0>
	CITY OF MA	DISON
Registration Statement	Common C	ouncil
Please Print OUIGE Agenda No. 86		EPRINT NAME CLEARLY PETER FALK 1326 VILAS AVE- MADISONI WI 53715
Please check the appropriate box:		Please check the appropriate box:
SupportOpposeNeither Support Nor Oppos	AND	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP ; you need no of who you represent and go on to the next q	t complete the res	son other than yourself: Yes No t of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organ	ization 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)	l duties for this pe ot complete the re	erson or organization? Yes XNo st of this form If you answered "yes," go on to the nex

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

Other Items 3 minutes

Speaking Limits:

in the first of th	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
	Print Name

Date: 9-18-07

Registra	tion Statement -	Common Council
		COMMITTEE
Please Print	ુવાવ6	PLEASE PRINT CLEARLY
Agenda No. <u>X</u>		Name NASEN NOVILLA Address 48/75 he boyan Aves 508 Macison, W/153705-29
Please check the app	propriate boxes:	
Support Oppose Neither S	upport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "n	you representing an orga o," STOP; you need no t and go on to the next o	nization or a person other than yourself: \ \ \ \ Yes \ \ No t complete the rest of this form If you answered "yes," provide the name suestion)
Name, address and t	elephone number of eac	h person or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
Are you appearing a (If you answered "n question)	s part of your other paid o," STOP; you need no	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:	Information Hearing	nmon Council)5 minutes

Are you an other govern	ected official or employee who is appearing solely on behalf of your office or for your municipal ental body?	ity or
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must ou answered "no" to the question, go on to the next question.)	t sign
If you are b that:	ng paid for your representation, or if your appearance is part of other paid duties, please be ad	vised
	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 Offi he City-County Building, Madison, for more information.)	ce at
Date	Signature	
	Print Name	

Date: 4/18/09

Registrat	tion Statement	Common Coun	cil	
Please Print	04196	PLEASE PRINT		
Agenda No.	& 81 & 81	Name Address	horas Kozleviky 139 Purinche Lodisor, vii 53705	
Please check the app	ropriate boxes:			
	Re Fear To EF upport Nor Oppose		☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
(If you answered "n		complete the rest of thi	er than yourself: Yes No is form If you answered "yes," provid	
Name, address and t	elephone number of each	ı person or organization	ı you are representing:	
Are you being paid	for your representation?		☐ Yes ☐ N	Vo
Are you appearing a (If you answered "n question.)	s part of your other paid o," STOP; you need not	duties for this person of complete the rest of th	r organization?	
Speaking Limits:	Information Hearing	mon Council) 5 min 3 min 3 min	nutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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: 9 (8.0)

Registration S	Statement - <u>Com</u>	I <mark>mon Col</mark> ITEE	uncil		
Please Print Agenda No.		PLEASE PRI Name Address	NT CLEARLY Barbara 2314 E, Madisan	Ve del Dayt	let son son
Please check the appropriat Support Oppose	e boxes:	and		k	
At this meeting are you rep (If you answered "no," ST of who you represent and g Name, address and telephore	resenting an organization OP; you need not complet o on to the next question)	te the rest of	other than yourself: this form If you answ	Yes vered "yes,"	⊠∕Ńo
Are you being paid for you	r representation?			Yes	No
Are you appearing as part of (If you answered "no," ST question.)	of your other paid duties for	or this perso te the rest of	n or organization? f this form. If you ans	Yes	 □ No
Info	olic Hearing (Common Co ormation Hearing er Items	3 ı	ninutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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: 918107

Registrati	on Statement -	Common Council
Please Print	04196	PLEASE PRINT NAME CLEARLY
Agenda No. <u>8(</u>		Name Vickin Selkoure Address 296 Union St Madison, W) 5370
Please check the app	ropriate box:	Please check the appropriate box:
Support Oppose Neither Su	WANT CAY PROPERTALY PROPERTALY	AND Wish to speak Do not wish to speak Available to answer questions Se
(If you answered "no,	ou representing an orga " STOP; you need no and go on to the next o	anization or a person other than yourself: Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name, address and te	lephone number of eac	ch person or organization you are representing:
Are you being paid fo	or your representation?	? Yes No
Are you appearing as (If you answered "no question)	part of your other paid," STOP; you need no	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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

		CITY OF MAI	DISON		
Registrat	tion Statement	Common C	council_		
<u>Please Print</u> Agenda No. <u>Χ</u> ζ	04196	Name Address	PRINT CLEARLY LINDA K 813 Flora Madison	etcham ala WIS-	<u>l</u> 3 <i>713</i>
Please check the app	propriate boxes:				
At this meeting are y (If you answered "n of who you represen Name, address and t	upport Nor Oppose you representing an organ to," STOP; you need not at and go on to the next qu telephone number of each	iization or a perso complete the rest uestion) person or organi	Available on other than yourself: of this form If you are zation you are represe	ish to speak to answer ques Yes nswered "yes,"	☐ No
Are you being paid	for your representation?			☐ Yes	ĭ No
Are you appearing a (If you answered "n question.)	as part of your other paid no," STOP; you need not	duties for this per complete the res	rson or organization? t of this form. If you a	⊠ Yes inswered "yes,'	
Speaking Limits:	Public Hearing (Com- Information Hearing Other Items	n a a a a a a o d o a o d o d o d o d o d o d o d	3 minutes		

Are you an ele other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
A Property of the same of the same	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 are beir 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 he City-County Building, Madison, for more information)
Date 9 17	Signature The Linda Kettcham

Date: 18 de Sept.

Registration Statement	Common Council
	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Address 1337 Jehnfy Madison W 5374
Please check the appropriate box:	Please check the appropriate box:
Support (Wonf Oppose - Left Viral) Neither Support Nor-Oppose	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 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:
as Prosident	of the Earla O Desertunities
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes 3 minutes

and the second of the second of the second	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.)
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And the second of the second o	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: 500 1807

Registrati	on Statement - ַ	Common Council COMMITTEE
Please Print Agenda No.	odia 6 36	PLEASE PRINT NAME CLEARLY Name Address 262 Name Address
Please check the app	ropriate box:	Please check the appropriate box:
☐ Support ☑ Oppose ☐ Neither Su	pport Nor Oppos	AND ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
(If you answered "no,	ou representing an orga " STOP; you need no and go on to the next o	nnization or a person other than yourself: \(\bigcap\) Yes \(\bigcap\) No tomplete the rest of this form. If you answered "yes," provide the name question.)
Name, address and te	lephone number of eac	th person or organization you are representing:
		☐ Yes \time{\time{\time{N}}}\time{\time{N}}\
Are you being paid for	or your representation?	
Are you appearing as (If you answered "no question)	part of your other paid," STOP; you need no	d duties for this person or organization? Yes ANo to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	그 일반에 하는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들이 하는 것이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은

Are you an eleother governm	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 answered "no" to the question, go on to the next question.)
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And the state of t	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: 9/18/07

Registrati	on Statement	Common Council COMMITTEE
Please Print Agenda No.	04196 86	PLEASE PRINT CLEARLY Name Carpestive MOSS Address 1729 POSTIGL. Madison, WI 53704
At this meeting are you (If you answered "no, of who you represent	pport Nor Oppose ou representing an orga "STOP; you need not and go on to the next q	and Wish to speak Do not wish to speak Available to answer questions nization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name uestion.) n person or organization you are representing:
Self #	or your representation?	to, United
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 nex
Speaking Limits:	Information Hearing	umon Council)5 minutes

	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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 bou answered "no" to the question, go on to the next question)
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(Please go t Room 103 of	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

		CITY OF MA	DISO	N	
Registra	tion Statement -	Common (Coun	ıcil	
Please Print	04196			T CLEARLY	
Agenda No.	-86	Name Address	Ina Zi M	ary IT Nglim 34 E Washington A Ladvien Wi 53704	~
Please check the app	propriate boxes:				
Support Oppose Neither S	x refer to EEOC Support Nor Oppos	e	and	Wish to speak□ Do not wish to speak□ Available to answer questions	
(If you answered "n of who you represer		t complete the res question)	t of thi	ner than yourself: Yes No No is form. If you answered "yes," provide the notation you are representing:	e name
Are you being paid	for your representation?			☐ Yes ☐ No	
	as part of your other paid no," STOP; you need no			or organization?	he nexi
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	, nn, r a y da e minia y r a minia da a a a a a a d	.3 min	nutes	

Date: 9-18-07

Are you an el other governr	cted official or employee who is appearing solely on behalf of your office or for your municipality of ental body?
The second of th	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sig u answered "no" to the question, go on to the next question)
If you are be that:	g paid for your representation, or if your appearance is part of other paid duties, please be advise
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office a ne City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	Date:
	CITY OF MADISON
Posistration Statement -	Common Council
Registration Statement -	COMMITTEE
Please Print 0년(96	PLEASE PRINT CLEARLY
	Name CMCKGAREL
Agenda No. <u>86</u>	Address 302 NI MODGITETTE ST
	Address 302 N MARQUETTE ST MACISON WISCONSIN
Please check the appropriate boxes:	
⊠ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppo	Available to answer questions
(If you answered "no," STOP ; you need n of who you represent and go on to the next	로봇은 사이는 경기를 받는 것 같습니다. 그리고 말하는 것이 모든 글로 하다를 했다.
Name, address and telephone number of ea	ach person or organization you are representing:
Chuck GAREL	my FAMILY AND Neighbors
302 N. MARGUEHE	
MADISON W: SCONSIN	53704
Are you being paid for your representation	
Are you appearing as part of your other pa (If you answered "no," STOP; you need n 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 nex
Information Hearing	ommon Council)5 minutes ng 3 minutes 3 minutes

Are you an e other governi	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)
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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 9~1	18-2007 Signature Chuch Law Print Name Charck GARe/

				Date:	$\mathcal{O}\mathcal{H}$
		CITY OF MA	ADISON		
Registra	tion Statement - ַ	Common	Council		
Please Print Agenda No.	04196 86 Visance Ordin	PLEASI	EPRINT CLEARLY David 1705 Re MADISO,	B, GI edwo	0 m f ocl hANR = 33711
Please check the app					
At this meeting are y (If you answered "n of who you represen	o," STOP; you need not t and go on to the next q	unization of a per t complete the re question.)	rson other than yourself: est of this form If you an	sh to speak to answer que Yes swered "yes,"	∑ No
Name, address and t	erephone number of eac	n person of orga	nization you are represer	ung.	
Are you being paid	for your representation?			Yes	No
	s part of your other paid o," STOP; you need no		erson or organization? est of this form. If you an	Yes eswered "yes,	No no on to the next
Speaking Limits:	Public Hearing (Con Information Hearing	g-colo s ses s ins s e cinstitues sectors (1111)	3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 f the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 4/18/07

Registrat	ion Statement -	Common Council
Please Print Agenda No.	04196 36	PLEASE PRINT CLEARLY Name David A Remme Le Address 5406 Denton Place Madison 53711
At this meeting are y (If you answered "no of who you represent	upport Nor Oppose You representing an orgo," STOP; you need not 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 f	For your representation's part of your other pair o, "STOP; you need no	?

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
to the control of the	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are both	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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: 5+18,2007

Registration Statement	Common Council
Please Print 04196	PLEASE PRINT NAME CLEARLY
Agenda No. 86	Name Richard L. P. fer Address 57/3 Bartlett Ln Madison, WI 537/1
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	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 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

-	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)
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Room 103 o	to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at f the City-County Building, Madison, for more information.) Signature Richard Lift Signature
0	Signature Richard L. Pifer Print Name Richard L. Pifer

Date: 9/18/07

Registration Statem	COMMITTEE	
Please Print 0419	6 PLEASE PRINT	NAME CLEARLY
Agenda No. 86	Name A Address 5	NTHONY J. (TONY) SMICK 717 BARTLETT LANE 14015ON, WI 53711
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor (At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to the Name, address and telephone number	g an organization or a person other t need not complete the rest of this fo he next question)	orm. If you answered "yes," provide the name
		☐ Yes ☐ No
Are you being paid for your represe		
Are you appearing as part of your of (If you answered "no," STOP; you question.)	ther paid duties for this person or or need not complete the rest of this f	ganization?
Information	ing (Common Council) 5 minute Hearing 3 minute 3 minute	

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name

Date: 9-18-07

Registrati	on Statement -	Common Council	
		COMMITTEE	
Please Print	04196	PLEASE PRINT NAME C	그는 아이들은 그를 모르고 하는데 그들의 것이라면 보고 모르는데 되었다.
		Name Kosemary	LEE
Agenda No. 8/	6	Name Kosemary Address III W WIISC	N #108
		MADISON	53103
Please check the app	ropriate box:	Please chec	k the appropriate box:
\mathcal{A}_{a}		Wish to	sneak
Support			wish to speak
Oppose		Availab	le to answer questions
Neither Su	pport Nor Oppos		
At this meeting are yo (If you answered "no, of who you represent a	" STOP; you need no	anization or a person other than yourse ot complete the rest of this form If you question)	If: Yes Mono answered "yes," provide the name
Name, address and tel	ephone number of ea	ch person or organization you are repre	senting:
			□ Yes □ No
Are you being paid fo	r your representation		Yes No
Are you appearing as (If you answered "no, question)	part of your other pai " STOP; you need n	d duties for this person or organization ot complete the rest of this form. If you	? Yes No No answered "yes," go on to the next
Speaking Limits:	Public Hearing (Co	mmon Council)5 minutes	
	Information Hearin	g 3 minutes	
	Other Items	3 minutes	

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Date	Signature
	Print Name

	Date:
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print 04196	PLEASE PRINT NAME CLEARLY
Agenda No. <u>86</u>	Name Jeff Jung Address 1401 Rae Lane
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppos	Wish to speak Do not wish to speak AND 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 No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question.)	id duties for this person or organization? Yes You complete the rest of this form If you answered "yes," go on to the next
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	ou an elected official or employee who is appearing solely on behalf of your office or for your municipality or governmental body?
	u answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign orm. If you answered "no" to the question, go on to the next question)
If you that:	are being paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name

Date: 9/18/07

Registrati	on Statement - ַ	Common Council COMMITTEE	
Please Print	04196	PLEASE PRINT NAME CLEARLY	
Agenda No		Name Live Scenock Address 818 S. Garmon Rd. Moolison, With	#4 557%
Please check the app	ropriate box:	Please check the appropriate box:	
Support Oppose Neither Su	pport Nor Oppos	Wish to speak Do not wish to speak Available to answer questions	
(If you answered "no	ou representing an orga " STOP; you need no and go on to the next o	anization or a person other than yourself: Yes Xoot complete the rest of this form. If you answered "yes," provide question.)	o the name
Name, address and te	lephone number of eac	ch person or organization you are representing:	
Are you being paid fo	or your representation?	Yes N	O
Are you appearing as (If you answered "no question)	part of your other paid," STOP; you need no	d duties for this person or organization?	
Speaking Limits:	Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form. If	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
	Print Name

:	du	A	1
Date:	9/14/47		
ta Salata			

Registration Statement -	Common Council
Please Print Oct 196	PLEASE PRINT NAME CLEARLY
Agenda No. 86	Name Matt Narrangus (7 Address Zoz N. Morguette St. Matisa w 13704
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppo	Wish to speak Do not wish to speak Available to answer questions See
At this meeting are you representing an orgalized (If you answered "no," STOP; you need no of who you represent and go on to the next	not complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of ea	ach person or organization you are representing:
Are you being paid for your representation	n?
Are you appearing as part of your other pa (If you answered "no," STOP; you need n 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 Hearin	ommon Council) 5 minutes ng 3 minutes 3 minutes

	ou an elected official or employee who is appearing solely on behalf of your office or for your municipality or governmental body?
	answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign rm. If you answered "no" to the question, go on to the next question)
If you that:	are being 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
	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?
,	e go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 103 of the City-County Building, Madison, for more information)
Date	9012 Signature
-	Print Name Met Notranowic

	CITY OF MADISON
Registration Statement	Common Council COMMITTEE PLEASE PRINT NAME CLEARLY
	Name TOM MCKENNA
Agenda No. 04196	Address 5013 BLACK CAKDR MADISON, WI S3711
Please check the appropriate box:	Please check the appropriate box:
of who you represent and go on to the next qu	nization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name 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)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the nex

Date: 9-1807

Speaking Limits:

Are you an el other governr	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
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(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

Date: 9/18/87

Registration Statement	Common C	<u>ouncil</u>
	COMMITTEE	
Please Print 04196	PLEASE	PRINT NAME CLEARLY
Agenda No. 26	Name Address	Marcy Tensey 702 N. High Point Co. Madi son, WF
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	AND e	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 uestion)	of this form. If you answered yes, provide the name
Name, address and telephone number of each		outh lune with
702 N. Digit Pin	-	
Madeson, WF		
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 pe t complete the res	rson or organization? Yes No t of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		3 minutes

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
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 9	Signature / Muly Justin
	Print Name Namy Jensen

Date: Sept 18 2007

Registrati	on Statement -	Common Council	
Please Print	04196	PLEASE PRINT NAME CLEARLY	
Agenda No.) <u>C</u>	Name Ennest Hori Address 1414 Stemp Te Madison, WI	nek <u>r.</u> 5371
Please check the app	ropriate box:	Please check the appropriate	box:
Support Oppose Neither Su	pport Nor Oppos	AND ⊠ Wish to speak ☐ Do not wish to speak ☐ Available to answer questi	ons
At this meeting are yo (If you answered "no, of who you represent	" STOP; you need no	of complete the rest of this form. If you answered "yes," p	No Provide the name
Name, address and te	lephone number of eac	ch person or organization you are representing:	
Are you being paid fo	or your representation	?	☐ No
Are you appearing as (If you answered "no question.)	part of your other pai," STOP; you need no	d duties for this person or organization?	☐ No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	그들은 그리다 그리다는 물문을 사용하는 것이다. 그리다 그 사람이 만하는 것을 본 것이고 사용을 느라지는 돈을 다	

the same of the first term is a first to a	n elected official or employee who is appearing solely on behalf of your office or formental body?	
	wered "yes" to the question, STOP. You need not complete the rest of this form, exc If you answered "no" to the question, go on to the next question.)	cept that you must sign
If you are both	being paid for your representation, or if your appearance is part of other paid du	ties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file a with the City Clerk.	n authorization
2	Your principal is not permitted to authorize you to lobby unless you are regi City Clerk.	stered with the
3.	If your principal spends or will owe more than \$1,000 for lobbying services in period (half year), the principal must file expense statements with the City remainder of the calendar year?	
	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to of the City-County Building, Madison, for more information.)	the Clerk's Office at
Date	Signature	
	Print Name	

				Date:		
		CITY OF MA	DISON			
Registra	tion Statement -		Council			
		COMMITTEE				
Please Print	04196		E PRINT NAM			
		Name	Joan	HOR	ZINE	·/ <u>_</u>
Agenda No.	86	Address	1414	Ste	mp	Terrae
			Mad	ison	w.	Terrae T 53711
Please check the ap	propriate box:			check the ap		
⊠ Support				sh to speak		
Oppose	upport Nor Oppos	AND		not wish to spailable to ansv		ions
(If you answered "n of who you represen	you representing an organo, "STOP; you need not and go on to the next of the next of each of the next	t complete the res question)	t of this form. If	you answered	1 "yes," ₁	provide the name
Are you being paid	for your representation?			Ĺ	Yes	⊠No
Are you appearing a (If you answered "n question)	as part of your other paid no," STOP; you need no	d duties for this pe ot complete the res	rson or organiza t of this form If	, a,	Yes ed "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Cor	医二甲基乙基甲基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	5 minutes			
	Information Hearing Other Items	5 minimus namuni minimus.	3 minutes 3 minutes			

	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:	eing 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: 9/18/07

Registra	tion Statement - ַ	Common Council	
Please Print Agenda No.	04196 }6	PLEASE PRINT CLEARLY Name Address Madisc	thy Johnson Pussett Rolffs on WI 53711
At this meeting are (If you answered "n of who you represent	upport Nor Oppos you representing an orga o," STOP; you need no at and go on to the next o	Availab anization or a person other than yourse t complete the rest of this form. If you	wish to speak le to answer questions If: Yes No answered "yes," provide the name
Are you appearing a		I duties for this person or organization of the complete the rest of this form. If you	
Speaking Limits:	Public Hearing (Con Information Hearing	nmon Council)5 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
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	Date: 4/18/07
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print 04196	PLEASE PRINT CLEARLY
Agenda No.	Name STU SEFFERN Address 916 DANE
	MADISON, WI 53713
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions e
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:

(SEE BACK)

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

Public Hearing (Common Council)..... 5 minutes /

 ☐ Yes

Yes

Are you being paid for your representation?

question.)

Speaking Limits:

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

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? \(\sum \text{Yes} \sum \text{No} \)
And the second section of the second second	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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Date	Signature
	Print Name

			Dat	6 .	
		CITY OF MA	DISON		
Registra	tion Statement -		ouncil		
		COMMITTEE			
Please Print	0419	PLEASE	E PRINT NAME CLEAR	LY.	
		Name	Roma Kou) A	105
Agenda No	86	Address	5401 Du	SSET	
			MADISON	wl_	5311/
Please check the ap	ppropriate box:		Please check the a	ppropria	ite box;
			Wish to speak		H
Support		AND	Do not wish to	speak	
Oppose Noither S	upport Nor Oppos		Available to an	e la 🚔 la la Maria a la la la la	stions •
of who you represer	nt and go on to the next	question)	of this form. If you answer zation you are representing		
Are you being paid	for your representation?			Yes	□No
	ns part of your other paid no," STOP; you need no		son or organization? t of this form If you answe	☐ Yes red "yes,"	☐ No " go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	,			

	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.)
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(Please go Room 103 (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