

Date: 9-1-09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 80.
ID # 12086

Name Kathy Raab
Address 22 Springwood Circle
Madison WI 53717

Please check the appropriate boxes:

☒ **Support**
☐ **Oppose**
☐ **Neither Support Nor Oppose**

and ☐ Wish to speak
☒ Do not wish to speak
☐ Available to answer questions

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

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

Are you being paid for your representation?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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

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

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Print Name _____

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CITY OF MADISON

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COMMITTEE

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Agenda No. 80

ID # 12086

Name

Dale Benjamin

Address

5396 King James Way
Madison WI 53719

Please check the appropriate boxes:



Support



Oppose



Neither Support Nor Oppose

and



Wish to speak



Do not wish to speak



Available to answer questions

At this meeting are you representing an organization or a person other than yourself:

☐ Yes

☐ No

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

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Are you being paid for your representation?

☐ Yes

☐ No

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

☐ Yes

☐ No

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Signature _____

Print Name _____

Date: 9/1/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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PLEASE PRINT CLEARLY

Name SAM BREIDENBACH

Address 2710 WILLARD AV

Agenda No. 80

ID #12086

Please check the appropriate boxes:

☒ **Support**
☐ **Oppose**
☐ **Neither Support Nor Oppose**

and ☐ Wish to speak
☐ Do not wish to speak
☒ Available to answer questions

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

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

NART OF MADISON Volunteer
Kensell Ct, Madison 53711
222-0670

Are you being paid for your representation? ☐ Yes ☒ No

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

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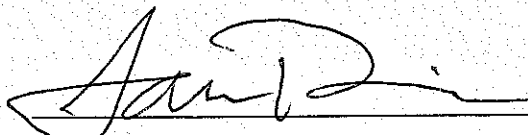
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Date 9/1/09

Signature



Print Name

SAM BREIDENBACH

Date: 1 SEPT 09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 80
ID # 12086

Name CHUCK WEIDENBACH
Address 5109 SHERWOOD RD
MADISON 53711

Please check the appropriate boxes:

☒ **Support**
☐ **Oppose**
☐ **Neither Support Nor Oppose**

and ☐ Wish to speak
☒ **Do not wish to speak**
☐ Available to answer questions

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

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

NARI of MADISON { act on VOLUNTARY basis }
KESSEL COURT, MADISON 53711
608-222-0670

Are you being paid for your representation?

☐ Yes ☒ **No**

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

☐ Yes ☒ **No**

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

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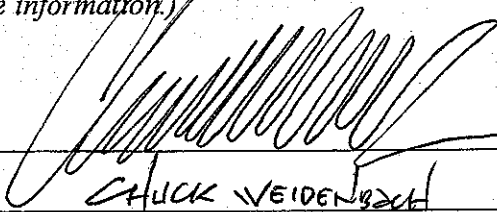
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Date 1 SEPT 09

Signature

Print Name


CHUCK WEIDENBACH

NOT A LOBBYIST, NOT PAID TO BE HERE

Date: 9/11/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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PLEASE PRINT CLEARLY

Agenda No. 80
ID # 12086

Name ANN HAASG KERR
Address 672 Aspen Dr.
Madison 53711

Please check the appropriate boxes:

☒ **Support**
☐ **Oppose**
☐ **Neither Support Nor Oppose**

and ☐ Wish to speak
☒ Do not wish to speak
☐ Available to answer questions

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