	Date: 9-1-09
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Kathy Raab
Agenda No. 80	Address 22 Spring wood Circle
1D# 12086	Address 22 Spring wood Circle Madison W1 53717
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid of	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:

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

	Date: 9-1-09
	CITY OF MADISON
Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
Ω	Name Dale Benjamin
Agenda No. 00.	Address 5396 King Tormer Way Madreson Wet 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 organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid	duties for this person or organization? Yes No

Public Hearing (Common Council) 5 minutes Information Hearing 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?
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Date	Signature
	Print Name

Date: 9/1/09

CITY OF MADISON

Registration Statement	
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
PO	Name SAM BREIDENBACH
Agenda No.	Address 2710 WILLARD AU
10#12086	
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	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)
Name, address and telephone number of each	n person or organization you are representing:
NARI OF MADISON	Volenteer
Kenell Ct 9	
222-06	
Are you being paid for your representation?	☐ Yes Xino
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

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Are you an ele	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)
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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	109 Signature Am
	Print Name SAM BREIDEWBACH

Date: 1 500 09

CITY OF MADISON

Registration Statement	Common Council
	된 COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name CHUCK VEIDENBOCK
Agenda No.	Name CHUCK VEIDENBECT Address 5109 SHERWOO RD
10#12086	Madison 53711
Please check the appropriate boxes:	
Support Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next q	nization of 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	n person or organization you are representing:
NARI of MODISON	god > voluntoen 52515 }
Kessel Cover M2015	J 53711
1,08 222.0670	
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 (Solon) t complete the rest of this form. If you answered "yes," go on to the next
	mon 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)
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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.)
Date 1 SEPT 09 Signature Print Name CHUCK VEIDEN BOOK NOT 2 LOBBITST HOT POID TO BE HENE

Date: 9/1/09

CITY OF MADISON

Registration Statement	Common Council	
Please Print	PLEASE PRINT CLEARLY	
	Name AND HAASE 16682	
Agenda No.	Address 622 Apr Or	· .
10#12086	Madston 63711	
Places chools the appropriate hoves:		
Please check the appropriate boxes:	그 사이를 하고 하게 되면서를 하고 있는 것 같아 하는 것 같아 있다. 글로벌 하고 있는 사람들은 그래요 그는 것이 있는 것 같은 것을 하는 것이다.	
Support	and Wish to speak Do not wish to speak	
Oppose Neither Support Nor Oppose	Available to answer questions	
	용실화학 를 관련하면 하는 이 하는 이 명호 <u>이</u> 하는 <u>네.</u>	
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of who you represent and go on to the next qu	uestion)	
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		<u> </u>
Are you being paid for your representation?	☐ Yes ☑ No	
Are you appearing as part of your other paid	duties for this person or organization? Yes No	
(If you answered "no," STOP ; you need not	t complete the rest of this form. If you answered "yes," go on to the ne	xt
question)		
	nmon Council) 5 minutes	٠.
	3 minutes	

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body?
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Date	Signature
	Print Name