



COMMISSION / COMMITTEE REGISTRATION FORM

| | | | |
|-----------------------|-------------------------------|-----------------|------------------|
| COMMISSION/COMMITTEE | <u>T R B</u> | DATE | <u>19 Aug 10</u> |
| SUBJECT/ADDRESS/TOPIC | <u>Hearing - T R B Powers</u> | AGENDA ITEM NO. | <u>4</u> |

| | | | |
|--|--|--|------------------------|
| YOUR NAME | <u>Gary L. Peterson</u> | YOUR ADDRESS | <u>210 Parvath Jr.</u> |
| Please check the appropriate boxes: | | | |
| <input checked="" type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE | |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | |
| <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | |

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

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

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

Are you being paid for your representation?

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

*If you answered **NO** to both these questions, **STOP**. You need not complete the rest of this form.
If you answered **YES**, please continue.*

- Yes No
 Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered **YES**, **STOP**. You need not complete the rest of this form except that you must sign this form.
If you answered **NO**, go on to the next questions.*

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?

- Yes No
 Yes No
 Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Joint Review Board DATE 8/12/10
SUBJECT/ADDRESS/TOPIC TID 32 AGENDA ITEM NO. 3

YOUR NAME Any Supple YOUR ADDRESS 7908 Saint Ann's Circle
Verona WI 53593

Please check the appropriate boxes:

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|---|--|--|

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

If you answered "no," STOP; you need not complete the rest of this form.

If you answered "yes," go on to the next questions on the back side of this form.

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

James Company 72 East Millway

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

If you answered **NO** to both these questions: **STOP**. You need not complete the rest of this form.
If you answered **YES**, please continue.

Yes No
 Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

If you answered **YES**, **STOP**. You need not complete the rest of this form except that you must sign this form.
If you answered **NO**, go on to the next questions.

Yes No

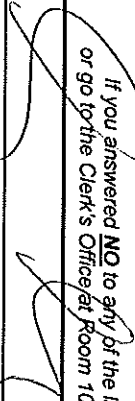
If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?

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

Yes No
 Yes No
 Yes No

Signature



Date

8-12-90



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE JRB DATE 8/12/10
SUBJECT/ADDRESS/TOPIC TID 32 expansion AGENDA ITEM NO. _____

YOUR NAME Redell Zellers YOUR ADDRESS 510 N. Carroll St.

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

If you answered "no," STOP; you need not complete the rest of this form.

If you answered "yes," go on to the next questions on the back side of this form.

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

Are you being paid for your representation?

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

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

Yes No
 Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?

Yes No
 Yes No
 Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF JT REVIEW BO DATE 8-12-10
SUBJECT/ADDRESS/TOPIC TID 32 Expansion AGENDA ITEM NO. 1

YOUR NAME Brenda Vondra YOUR ADDRESS 30 N Hancock

Please check the appropriate boxes:

SUPPORT

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

NEITHER SUPPORT NOR OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

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

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

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

Are you being paid for your representation?

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

- Yes No
 Yes No

*If you answered **NO** to both these questions, **STOP**. You need not complete the rest of this form.
If you answered **YES**, please continue.*

Are you a public 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**, **STOP**. You need not complete the rest of this form except that you must sign this form.
If you answered **NO**, go on to the next questions.*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 8-12-2010
SUBJECT/ADDRESS/TOPIC TID District AGENDA ITEM NO. _____

YOUR NAME Steve Cononi YOUR ADDRESS 138 Larkin St.
53705

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
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At this meeting are you representing an organization or a person other than yourself? Yes No

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

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

Are you being paid for your representation?

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

*If you answered **NO** to both these questions, **STOP**. You need not complete the rest of this form.
If you answered **YES**, please continue.*

- Yes No
 Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered **YES**, **STOP**. You need not complete the rest of this form except that you must sign this form.
If you answered **NO**, go on to the next questions.*

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?

- Yes No
 Yes No
 Yes No

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

Signature _____ Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF Review Board DATE 8/12/10

SUBJECT/ADDRESS/TOPIC TIF expansion AGENDA ITEM NO. 3

YOUR NAME Delora Newton YOUR ADDRESS 415 E Washington Ave

Please check the appropriate boxes:

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> OPOSEE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPOSEE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|---|--|--|

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

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

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

Debra L Madison Chamber of Commerce
45 E Washington Ave
Madison WI 53703

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

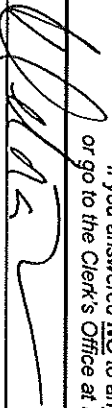
If you answered NO to both these questions, **STOP**. You need not complete the rest of this form.
If you answered YES, please continue.

Are you a public 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, **STOP**. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature  Date 8/12/10



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE IT Review DATE 4/2/16
SUBJECT/ADDRESS/TOPIC FA BUDGET AGENDA ITEM NO. 3

YOUR NAME FREN WOLTS YOUR ADDRESS SEE WELCOME MAT

Please check the appropriate boxes:

SUPPORT

Wish to speak (3 min. limit)
 Do not wish to speak
 Available to answer questions

OPPOSE

Wish to speak (3 min. limit)
 Do not wish to speak
 Available to answer questions

NEITHER SUPPORT NOR OPPOSE

Wish to speak (3 min. limit)
 Do not wish to speak
 Available to answer questions

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

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

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

Are you being paid for your representation?

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

*If you answered **NO** to both these questions, **STOP**. You need not complete the rest of this form.
If you answered **YES**, please continue.*

- Yes No
 Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered **YES**, **STOP**. You need not complete the rest of this form except that you must sign this form.
If you answered **NO**, go on to the next questions.*

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?

- Yes No
 Yes No
 Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF Review Board DATE 8/12
SUBJECT/ADDRESS/TOPIC T10 #32 AGENDA ITEM NO. 3

YOUR NAME NEAL FITZGERALD YOUR ADDRESS 150 Jola Ct

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

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

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

Are you being paid for your representation?

- Yes No
 Yes No

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

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

Are you a public 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, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF Review DATE 8-12-10
SUBJECT/ADDRESS/TOPIC Edgewater TIF AGENDA ITEM NO. 3

YOUR NAME Robbie Weber YOUR ADDRESS 2613 Stevens St.

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

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

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

Are you being paid for your representation?

Yes No
 Yes No

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

*If you answered **NO** to both these questions, **STOP**. You need not complete the rest of this form.
If you answered **YES**, please continue.*

Are you a public 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**, **STOP**. You need not complete the rest of this form except that you must sign this form.
If you answered **NO**, go on to the next questions.*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
 Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
 Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
 Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF REVIEW BD DATE 8/12/10
SUBJECT/ADDRESS/TOPIC TID #42 AGENDA ITEM NO. _____

YOUR NAME JUDY KALOSKY YOUR ADDRESS 317 N PINECREST
MAISON HILL

Please check the appropriate boxes:

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|---|--|--|

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

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

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

J & D of RHPopSey

Are you being paid for your representation?

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

If you answered NO to both these questions, STOP. You need not complete the rest of this form. If you answered YES, please continue.

- Yes No
- Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form. If you answered NO, go on to the next questions.

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF Review Board DATE 8/12/10
SUBJECT/ADDRESS/TOPIC TID #32 AGENDA ITEM NO. _____

YOUR NAME Jimmy Wendt YOUR ADDRESS 531 N. Pinchug

Please check the appropriate boxes:

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|---|--|--|

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

If you answered "no," STOP; you need not complete the rest of this form.

If you answered "yes," go on to the next questions on the back side of this form.

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

PINNEY PAUL CAMERUNINS 260 8444

Are you being paid for your representation?

- Yes NO
- Yes NO

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

If you answered NO to both these questions, STOP. You need not complete the rest of this form. If you answered YES, please continue.

Are you a public 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, STOP. You need not complete the rest of this form except that you must sign this form. If you answered NO, go on to the next questions.

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes NO
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature

[Handwritten Signature]

Date

8/12/10



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____

DATE 8/

SUBJECT/ADDRESS/TOPIC IFF Review

AGENDA ITEM NO. 3

YOUR NAME Bill DeLoey

YOUR ADDRESS 61 Rowood Circle

Please check the appropriate boxes:

SUPPORT

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

NEITHER SUPPORT NOR OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

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

If you answered "no," STOP; you need not complete the rest of this form.

If you answered "yes," go on to the next questions on the back side of this form.

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

Are you being paid for your representation?

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

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

- Yes No
 Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?

- Yes No
 Yes No
 Yes No

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

Signature _____ Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF Review Board DATE 8/12/10
SUBJECT/ADDRESS/TOPIC TIF # 32 AGENDA ITEM NO. 3

YOUR NAME Michael Engelberger YOUR ADDRESS 218 Post Rd

Please check the appropriate boxes:

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|---|--|--|

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

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

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

Are you being paid for your representation?

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

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

- Yes No
 Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature



Date

8/12/10



COMMISSION / COMMITTEE REGISTRATION FORM

| | |
|--|-----------------------|
| COMMISSION/COMMITTEE <u>ILF review board</u> | DATE <u>8/12/10</u> |
| SUBJECT/ADDRESS/TOPIC _____ | AGENDA ITEM NO. _____ |

| | | |
|--|--|--|
| YOUR NAME <u>Alder Bridget Maniaci</u> YOUR ADDRESS <u>640 E Johnson St #5</u> <u>Madison, WI</u> | | |
| Please check the appropriate boxes: | | |
| <input checked="" type="checkbox"/> SUPPORT | <input type="checkbox"/> OPPOSE | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE |
| <input checked="" type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) | <input type="checkbox"/> Wish to speak (3 min. limit) |
| <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak | <input type="checkbox"/> Do not wish to speak |
| <input checked="" type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> Available to answer questions |

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

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

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 to both these questions, STOP. You need not complete the rest of this form. If you answered YES, please continue.

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

Yes No

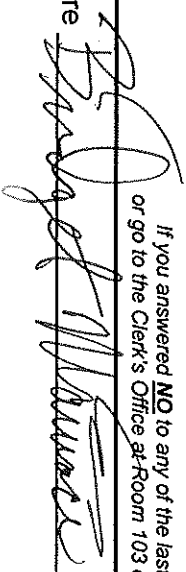
If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form. If you answered NO, go on to the next questions.

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

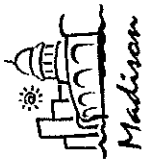
If you answered NO to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.

Signature



Date

8/12/10



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF Review Board DATE 8/12/2009
SUBJECT/ADDRESS/TOPIC TID# 32 AGENDA ITEM NO. 4

YOUR NAME Lucy Gibson YOUR ADDRESS 1610 Angel Crest Way
Madison WI 53716

Please check the appropriate boxes:

SUPPORT

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

NEITHER SUPPORT NOR OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

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

If you answered "no," STOP; you need not complete the rest of this form.

If you answered "yes," go on to the next questions on the back side of this form.

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

Are you being paid for your representation?

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

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

- Yes No
- Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Joint Rules Bd DATE 8-12-10
SUBJECT/ADDRESS/TOPIC TIF AGENDA ITEM NO. _____

YOUR NAME Stacy Jacob YOUR ADDRESS 2630 KENNEDY

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

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

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 to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

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

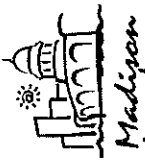
*If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature _____ Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Board of TIF Review DATE 8/27
SUBJECT/ADDRESS/TOPIC EdgeWater TIF AGENDA ITEM NO. _____

YOUR NAME GENE DEWITT YOUR ADDRESS 28 East Gilman St

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
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At this meeting are you representing an organization or a person other than yourself? Yes No

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

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

Are you being paid for your representation?

- Yes No
 Yes No

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

*If you answered **NO** to both these questions, **STOP**. You need not complete the rest of this form.
If you answered **YES**, please continue.*

Are you a public 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**, **STOP**. You need not complete the rest of this form except that you must sign this form.
If you answered **NO**, go on to the next questions.*

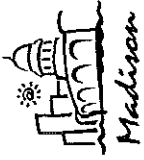
If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF Review Board DATE 8.12.10
SUBJECT/ADDRESS/TOPIC Extension of TID AGENDA ITEM NO. _____

YOUR NAME Patrick Caragan YOUR ADDRESS 3718 Country Grove Dr

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

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

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

Are you being paid for your representation?

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

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

- Yes No
- Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF Review Board DATE 8/12
SUBJECT/ADDRESS/TOPIC TIF Expansion AGENDA ITEM NO. 3

YOUR NAME Stephanie Stender YOUR ADDRESS Col N Henry

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

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

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

Are you being paid for your representation?

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

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

Yes No
 Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

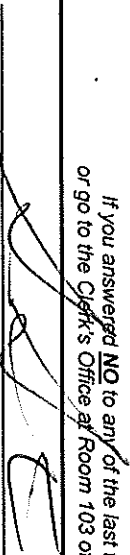
Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature



Date

8/12/10



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF REVIEW BOARD DATE 8/12/2010
SUBJECT/ADDRESS/TOPIC TIF Expansion AGENDA ITEM NO. 3

YOUR NAME Robert Lux YOUR ADDRESS 521 Eugenia Ave.
S3705

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

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

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 to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

Are you a public 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, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No

5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature  Date 8/14/2010



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Joint Renew Board

DATE 8/12/10

SUBJECT/ADDRESS/TOPIC TF- Edgewater

AGENDA ITEM NO. 3

YOUR NAME ERICA FOX GERRIG

YOUR ADDRESS 181 VILAS AVE.

Please check the appropriate boxes:

SUPPORT

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

NEITHER SUPPORT NOR OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

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

If you answered "no," STOP; you need not complete the rest of this form.

If you answered "yes," go on to the next questions on the back side of this form.

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

Are you being paid for your representation?

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

- Yes No
 Yes No

*If you answered **NO** to both these questions, **STOP**. You need not complete the rest of this form.
If you answered **YES**, please continue.*

Are you a public 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**, **STOP**. You need not complete the rest of this form except that you must sign this form.
If you answered **NO**, go on to the next questions.*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF REVIEW BOARD DATE 8/12/10
SUBJECT/ADDRESS/TOPIC EDGEWATER TIF (710) #32 AGENDA ITEM NO. _____

YOUR NAME Chris Schmitz YOUR ADDRESS 150 Jota Court #3763

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

If you answered "no," STOP; you need not complete the rest of this form.

If you answered "yes," go on to the next questions on the back side of this form.

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

Are you being paid for your representation?

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

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

- Yes No
- Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature _____ Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF REVIEW BOARD DATE 8/2/10
SUBJECT/ADDRESS/TOPIC EDGEWATER TIF (TID)#32 AGENDA ITEM NO. _____

YOUR NAME CHARLES TULEMAN YOUR ADDRESS 180 IOTA CT.

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

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

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

Are you being paid for your representation?

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

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

- Yes No
- Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

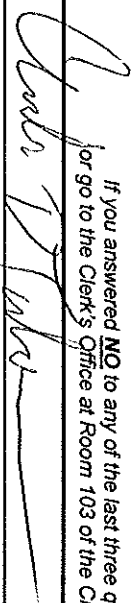
- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature



Date

8/12/10



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF Review Board DATE 8-12-2010

SUBJECT/ADDRESS/TOPIC Edge water TIF (TID # 32) AGENDA ITEM NO. _____

YOUR NAME Brett Strebel YOUR ADDRESS 150 Iowa Sq. Madison, WI

53703

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

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

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

Are you being paid for your representation?

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

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

- Yes No
 Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?

- Yes No
 Yes No
 Yes No

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

Signature



Date

8-12-10



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF Review Board DATE 8/12

SUBJECT/ADDRESS/TOPIC TIF - TAD AGENDA ITEM NO. _____

YOUR NAME Pat Sheehan YOUR ADDRESS 509 Wagoner

Please check the appropriate boxes:

SUPPORT

Wish to speak (3 min. limit)

Do not wish to speak

Available to answer questions

OPPOSE

Wish to speak (3 min. limit)

Do not wish to speak

Available to answer questions

NEITHER SUPPORT NOR OPPOSE

Wish to speak (3 min. limit)

Do not wish to speak

Available to answer questions

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

If you answered "no," STOP; you need not complete the rest of this form.

If you answered "yes," go on to the next questions on the back side of this form.

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

Are you being paid for your representation?

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

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

- Yes No
- Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?

- Yes No
- Yes No
- Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF Review Board DATE 20100812
SUBJECT/ADDRESS/TOPIC TIF JRV AGENDA ITEM NO. 4

YOUR NAME Fred Voth Jr YOUR ADDRESS 1335 Williamson #2

Please check the appropriate boxes:

| | | |
|--|--|---|
| <input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|--|---|

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

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

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

Are you being paid for your representation?

- Yes No
 Yes No

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

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

Are you a public 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, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature _____ Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF review board DATE 8/12/10
SUBJECT/ADDRESS/TOPIC Edgewater T10 AGENDA ITEM NO. 3

YOUR NAME TIM VALENTYN YOUR ADDRESS 2852 Gross County Circle
Verona, WI 53593

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

If you answered "no," STOP; you need not complete the rest of this form.

If you answered "yes," go on to the next questions on the back side of this form.

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 to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

Are you a public 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, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature _____ Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF Review Board

DATE 8-12-10

SUBJECT/ADDRESS/TOPIC TIF 32

AGENDA ITEM NO. 3

YOUR NAME Ames Vick

YOUR ADDRESS 1602 S. Park St

Madison WI 53715

Please check the appropriate boxes:

SUPPORT

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

NEITHER SUPPORT NOR OPPOSE

- Wish to speak (3 min. limit)
- Do not wish to speak
- Available to answer questions

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

If you answered "no," STOP; you need not complete the rest of this form.

If you answered "yes," go on to the next questions on the back side of this form.

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

Bricklayers & Allied Craft Workers

1602 S Park St

Madison WI 53715

Are you being paid for your representation?

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

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

- Yes ~~NO~~
- Yes ~~NO~~

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature



Date

8/12/10



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Joint TIF Review Board DATE 8-12-10
 SUBJECT/ADDRESS/TOPIC TIF # 32 AGENDA ITEM NO. 3

YOUR NAME Aurora Schmitz YOUR ADDRESS 6210 Marinette Tr

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input checked="" type="checkbox"/> Available to answer questions | <input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

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

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

D. W. W. W. W.
123 W. Main

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 to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

Are you a public 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, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

- If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:
- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
 - 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
 - 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature *[Signature]* Date *8-12-10*



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF Review Board DATE 8/12/10
SUBJECT/ADDRESS/TOPIC TID AGENDA ITEM NO. 3

YOUR NAME Christopher Culver YOUR ADDRESS 411 Wisconsin Ave

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

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

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

Are you being paid for your representation?

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

*If you answered NO to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

- Yes No
 Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered YES, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?

- Yes No
 Yes No
 Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE Edge water T.F.F DATE 22 August 2010
SUBJECT/ADDRESS/TOPIC + AGENDA ITEM NO. _____

YOUR NAME Dick Baker YOUR ADDRESS Langdon St #510

Please check the appropriate boxes:

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input checked="" type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|---|--|--|

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

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

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

Are you being paid for your representation?

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

*If you answered **NO** to both these questions, **STOP**. You need not complete the rest of this form.
If you answered **YES**, please continue.*

- Yes No
 Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered **YES**, **STOP**. You need not complete the rest of this form except that you must sign this form.
If you answered **NO**, go on to the next questions.*

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?

- Yes No
 Yes No
 Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE TIF Review Board DATE 8-12

SUBJECT/ADDRESS/TOPIC TIO #32 AGENDA ITEM NO. 3

YOUR NAME Matt Miller YOUR ADDRESS 150 I-4 CF

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

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

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

Are you being paid for your representation?

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

*If you answered **NO** to both these questions, **STOP**. You need not complete the rest of this form.
If you answered **YES**, please continue.*

- Yes No
- Yes No

Are you a public official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

*If you answered **YES**, **STOP**. You need not complete the rest of this form except that you must sign this form.
If you answered **NO**, go on to the next questions.*

- Yes No

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
- 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
- 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?

- Yes No
- Yes No
- Yes No

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

Signature _____

Date _____



COMMISSION / COMMITTEE REGISTRATION FORM

COMMISSION/COMMITTEE _____ DATE 8/12
SUBJECT/ADDRESS/TOPIC _____ AGENDA ITEM NO. 3

YOUR NAME Jordan Fiasca YOUR ADDRESS 150 Iola Ct.

Please check the appropriate boxes:

| | | |
|--|---|---|
| <input type="checkbox"/> SUPPORT <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input checked="" type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions | <input type="checkbox"/> NEITHER SUPPORT NOR OPPOSE <input type="checkbox"/> Wish to speak (3 min. limit) <input type="checkbox"/> Do not wish to speak <input type="checkbox"/> Available to answer questions |
|--|---|---|

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

If you answered "no," STOP; you need not complete the rest of this form.

If you answered "yes," go on to the next questions on the back side of this form.

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

CHI PSI FRATERNITY
156 Fols Ct
(414) 630-2544

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 to both these questions, STOP. You need not complete the rest of this form.
If you answered YES, please continue.*

Are you a public 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, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered NO, go on to the next questions.*

- If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:
- 4) Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
 - 5) Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
 - 6) If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (calendar six months), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

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

Signature  Date 5/12