

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

Agenda No. <u>109</u>

Name Byron Robinson

Address _____

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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

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

Are you being paid for your representation? Yes No

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

Speaking Limits: Public Hearing 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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

(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), 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.)

Date _____

Signature _____

Print Name _____

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Agenda No. <u>109</u>

Name David Arnold

Address _____

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Are you appearing as part of your other paid duties for this person or organization? Yes No
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Speaking Limits:

Public Hearing	5 minutes
Information Hearing	5 minutes
Other Items	3 minutes

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Registration Statement - Page 2

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Agenda No. <u>109</u>

Name ROBERT ARTIS
 Address 2424 CHALET

Please check the appropriate boxes:

Support
 Wish to speak
 Do not wish to speak
 Available to answer questions

Oppose
 Wish to speak
 Do not wish to speak
 Available to answer questions

At this meeting are you representing an organization or a person other than yourself? Yes No
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Are you being paid for your representation? Yes No

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Signature _____

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Agenda No. <u>109</u>

Name Evelyn Burns
 Address 4356 Britta Pkwy

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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

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

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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City of Madison Registration Statement - Common Council

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Please Print

Agenda No. <u>#109</u>

Name HANSEL COPELAND

Address 2350 CHARLET GARDENS RD. #114
FITCH

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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

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

ALLIED DRIVE NEIGHBORHOOD ASSOCIATION

2349 ALLIED DR.

Are you being paid for your representation? Yes No

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

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	Other Items	3 minutes

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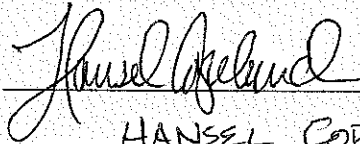
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Date 2-1-05

Signature



Print Name

HANSEL COPELAND

City of Madison Registration Statement - Common Council

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Please Print

Agenda No. <u>109</u>

Name Alice Howard
 Address 2106 Red Arrow Tr #

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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

Signature _____

Print Name _____

Date: 2/1/05

City of Madison Registration Statement - Common Council

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Please Print

Agenda No. <u>109</u>

Name Gary Gorman
 Address _____

Please check the appropriate boxes:

Support

- Wish to speak
- Do not wish to speak
- Available to answer questions

Oppose

- Wish to speak
- Do not wish to speak
- Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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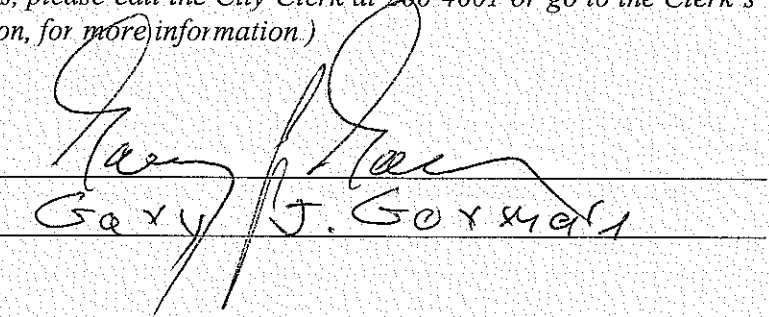
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Date 2/1/05

Signature 
Print Name GARY J. GOXMER

Date: 2/1/05

City of Madison Registration Statement - Common Council

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Please Print

Agenda No. <u>109</u>

Name Vicky Selkove
 Address 2248 Winnebago St.
Madison, WI 53704

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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 Other Items 3 minutes

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Date _____

Signature _____

Print Name _____

Date: Feb 2005

City of Madison Registration Statement - Common Council

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Please Print

Agenda No. <u>109</u>

Name Michael D. Barrett
 Address 2137 Sommers Ave
Madison WI 53704

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
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At this meeting are you representing an organization or a person other than yourself: Yes No
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Speaking Limits:

Public Hearing	5 minutes
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Date _____

Signature _____

Print Name _____

Date: 2-1-5

City of Madison Registration Statement - Common Council

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Please Print

Agenda No. <u># 109</u>

Name Rita Menez
 Address 653 Sunning St.
 Madison 53704

Please check the appropriate boxes:

Support
 Wish to speak
 Do not wish to speak
 Available to answer questions

Oppose
 Wish to speak
 Do not wish to speak
 Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Speaking Limits:	Public Hearing	5 minutes
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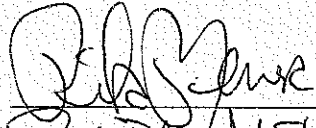
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Date 2-1-5

Signature 
Print Name RITA MEHER

Date: 2-1-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

Agenda No. <u>109</u> <u>Super Saver</u>

Name Marsha Rummel

Address 1618 Jennifer St

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
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Date _____

Signature _____

Print Name _____

Date: 2/1/05

City of Madison Registration Statement - Common Council

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Agenda No. <u>109</u>

Name CHRIS LAURENT
 Address 1244 S. PARK ST.
MADISON, WI 53715

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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

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

GORMAN & CO., 1244 S. PARK ST., MADISON, WI 53715

Are you being paid for your representation? Yes No

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

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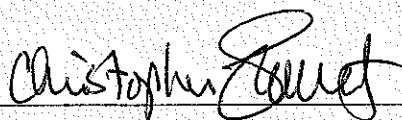
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Date 2/1/05

Signature 
Print Name CHRISTOPHER LAURENT.

Date: 7/1/05

City of Madison Registration Statement - Common Council

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Agenda No. <u>109</u>

Name TRIPP WIDDER
 Address 20 N. CARROLL ST.
MADISON, WI 53703

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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

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

GORMAN & COMPANY, INC.
1200 S. PARK ST.
MADISON, WI 53717

Are you being paid for your representation? Yes No

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

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Date 2/1/05

Signature 
Print Name TROY W. DOBA

Date: 2/1/05

City of Madison Registration Statement - Common Council

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Agenda No. <u>109</u>

Name Charles Hoyt
 Address 117 W. Dayton

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
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Registration Statement - Page 2

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

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

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

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), 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.)

Date _____

Signature _____

Print Name _____