			Date:	10.27
	CITY OF MA	DISON		
Registration Statement -	Common (Council		
Please Print Agenda No. 2	Name	PRINT CLEARLY Showie	Gn	der
11077	Address	2152 W Mkdisox	, law	
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose		and Wish to sp Do not wi Available	sh to speak	
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next questions.	complete the rest			es No es," provide the name
Name, address and telephone number of each	n person or organi	zation you are represer	nting:	
Are you being paid for your representation?				es Mo
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)			Y	es No
Speaking Limits: Public Hearing (Com-	,	5 minutes		

Other Items.....3 minutes

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

골프를 잃었는데 그런 원인 음만 보는	CITY OF MADISON
Registration Statement -	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Michael Vickerman
Agenda No. 11077	Address 509 Elmside Blud.
	Madison Wi53704
Please check the appropriate boxes:	
⊠ Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
☐ Neither Support Nor Oppose	
At this meeting are you representing an orga	
(If you answered "no," STOP ; you need not of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	uestion)
	n person or organization you are representing:
509 Elmside I	3179
Madison, WIE	527011
- 1.10-C (301, W)	
	<u> </u>
Are you being paid for your representation?	☐ Yes ☐ No

Date: 10 28/08

Yes

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

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

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

question)

Speaking Limits:

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

	Date:
	CITY OF MADISON
Registration Statement -	Common Council
·	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
2.	Name Peter Tagla
Agenda No.	Address 718 W. Br. Haylis 91
11077	Medison W.I
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organ (If you answered "no," STOP; you need not	Wish to speak Do not wish to speak Available to answer questions mization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	uestion)
	5H54-2
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid of you answered "no," STOP ; you need not question)	duties for this person or organization? Yes No complete the rest of this form If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

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

Date: 10/28/08

Registration Statement -	Common C	<u>ouncil</u>
Please Print		
	PLEASE	PRINT NAME CLEARLY
1/0-7-7	Name	Phil Salkin
Agenda No # 2	Address _	1229 Entemprise Dr. Verong, W. 33593
		Verong, W. 33593
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	AND	Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next q	complete the rest of	n other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organiz	ation you are representing:
4801 Forest R.	un Rd.	
Madison, Wi		
Are you being paid for your representation?		
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this pers complete the rest	on or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipal mental body?	pality or
(If you ansv this form If	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you m you answered "no" to the question, go on to the next question)	ust sign
If you are l that:	eing paid for your representation, or if your appearance is part of other paid duties, please be	advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?	
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's O f the City-County Building, Madison, for more information.)	ffice at
Date1	0/28/08 Signature Ouder Hlalkin	
	Print Name Phil Salkin	

Date: 10.28-9
CITY OF MADISON
Registration Statement - Common Council
Please Print PLEASE PRINT NAME CLEARLY
Agenda No. 2 Name Will Sandstrum Address 2621 Moland Strum Madisa International Name Will Sandstrum Address 2621 Moland Strum
Please check the appropriate box: Please check the appropriate box:
Support Oppose Neither Support Nor Oppose AND Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organization or a person other than yourself: Yes 'A No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question)
Name, address and telephone number of each person or organization you are representing:
80, 8323 Madison Nall
Are you being paid for your representation?
Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

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

question.)

Speaking Limits:

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

Date: $\frac{\sqrt{6/2t/cF}}{}$

Registration Statement	Common Council
	COMMITTEE
Please Print	DI FACE DOINT NAME OF FADILY
	PLEASE PRINT NAME CLEARLY
	Name Thouse Rozlousky
Agenda No.	Name Thomas Kozlovsky Address 1139 Paulikie Aug
11077	Mad 1508, 415 370T
Please sheet the annual to be	
Please check the appropriate box:	Please check the appropriate box:
Support	Wish to speak
Oppose	AND Do not wish to speak Available to answer questions
☐ Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name uestion)
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

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

Date: 0 ct 28, 2008

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 11077. (4)	Name Jennifer Feyerherm Address 4224 Windflow Way Maolison W1 53711
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
of who you represent and go on to the next q	ot complete the rest of this form. If you answered "yes," provide the nam
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	d duties for this person or organization? Yes No of complete the rest of this form. If you answered "yes," go on to the nex
Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes

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

Date: 10/28/07

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 1677 * 2	Name Judy Hotrichter Address 1349 Holtan Rd. Stoughten WI 53589
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish-to speak Do not wish to speak Available to answer questions
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	amon Council)5 minutes 3 minutes 3 minutes

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

	Date:
	CITY OF MADISON
Registration Statement -	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
Agenda No. 11027 (#2)	Name Mark Kresowik
Agenda No. 110 / / 1+-X	Address 52 E Gorham St. Aft.
	Modison, WI 53703
Please check the appropriate box:	Please check the appropriate box:
Support	☐ Wish to speak
Oppose	AND Do not wish to speak Available to answer questions
☐ Neither Support Nor Oppos	
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation?	?
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	id duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes

Are you an other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
(If you answ this form If	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are t that:	peing paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	28/08 Signature Mark Cresowift
L	Print Name Mark Cresowak

Date:	10/28/08	

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 11077 # 2_	Name JOHN Stewart Address 243% Fox Ave Madison, WI 53703
Please check the appropriate box:	Please check the appropriate box:
SupportOpposeNeither Support Nor Oppose	Wish to speak □ Do not wish to speak □ Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

Are you an elected official or employee who is appearing solely on behalf other governmental body?	of your office or for your municipality or Yes Wo
(If you answered "yes" to the question, STOP. You need not complete the 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 pathat:	art of other paid duties, please be advised
l Before you engage in lobbying as a lobbyist, you or your p with the City Clerk	principal must file an authorization
2 Your principal is not permitted to authorize you to lobby City Clerk	unless you are registered with the
If your principal spends or will owe more than \$1,000 for period (half year), the principal must file expense staten remainder of the calendar year?	
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/in</u> Room 103 of the City-County Building, Madison, for more information)	ndex.html or go to the Clerk's Office at
Date 10/28/08 Signature	
Print Name John	Stewart

Date: 10/28/08

Registration Statemen	t - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name <u>ARROW CRANDALL</u> - Address 108 PROUNTIT ST MADISON, WI 537/5
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Opp	Wish to speak Do not wish to speak Available to answer questions
	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name ext question.)
Name, address and telephone number of	each person or organization you are representing:
Are you being paid for your representation	on? Yes No
	paid duties for this person or organization? Yes No not complete the rest of this form If you answered "yes," go on to the next
Information Hear	Common Council) 5 minutes ing 3 minutes 3 minutes

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