Date: 4/2/08

CITY OF MADISON

Registration Statement	HOUSING COMMITTEE
Please Print	
1 lease 1 line	PLEASE PRINT CLEARLY
	Name Carter Dedolph
Agenda No.	Address 50 Dixon St Madison WI 53704
	Madison WI
Please check the appropriate boxes:	53704
□ Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
(If you answered "no," STOP; you need not co of who you represent and go on to the next que. Name, address and telephone number of each p	erson or organization you are representing:
Wisconsin Energy	-ongrvation Corp.
431 Charman	
Wisconsin Energy C 431 Charman Madison WI	53719
Are you being paid for your representation?	☐ Yes XNo
	tties for this person or organization? Yes No omplete the rest of this form. If you answered "yes," go on to the next
Information Hearing	on Council)5 minutes

REGISTRATION STATEMENT - PAGE 2

-		ted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body?
		d "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you are that:	e being	g 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.	j	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 eccepture City-County Building, Madison, for more information.)
Date 4	1/2	108 Signature Carl Dedolph
	•	Print Name Carter Dedolph

#10217
Date: \$ 4/2/08

CITY OF MADISON

Registration Statement	HOUSING COMMITTEE
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
Agenda No	Name Jennifer Feyerherm
	Address 122 W Washington Are Madrson, W1
	Madrsm, WI
Please check the appropriate boxes:	
⋈ Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organiz (If you answered "no," STOP; you need not co of who you represent and go on to the next que. Name, address and telephone number of each p	omplete the rest of this form. If you answered "yes," provide the name stion.)
Serrallu	
122 W. h	Dashinstan Ane Madison
608-2	152-4994
Are you being paid for your representation?	☐ Yes ♠No
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not co question.)	tties for this person or organization? Yes No omplete the rest of this form. If you answered yes," go on to the next
Information Hearing	on Council)5 minutes 3 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

-	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
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, –	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fine City-County Building, Madison, for more information.)
Date	Signature Senne Hegeline