

Date: 1/2/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04857

PLEASE PRINT CLEARLY

Name Laura Moberly

Address 310 Karen Ct
Madison

Agenda No. 17

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

At this meeting are you representing an 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," 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:

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 (Common Council)..... 5 minutes
- Information Hearing..... 3 minutes
- Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected 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" 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, please be advised that:

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?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 1/2/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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PLEASE PRINT CLEARLY

Name Domenic Lanni
Address 220 N SMITH Street
Palatine, IL 60067

Agenda No. 17

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

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

At this meeting are you representing an 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," 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:

Joseph Freed & Associates 847-215-5430
220 N Smith St.
Palatine, IL 60067

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 1/2/07

Signature 
Print Name Domenic Lanni

Date: 1/2/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04057

PLEASE PRINT CLEARLY

Agenda No. 17

Name Michael Lawton
Address 6 S. Eau Claire Ave.
Madison, WI 53705

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

At this meeting are you representing an 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," 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:

Hill Farms Neighborhood Association
6 S. Eau Claire Ave, Madison, WI
608-238-6501

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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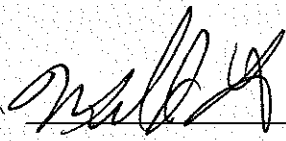
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Date 1/2/07

Signature 

Print Name Michael Lawton

Date: 1/2/07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print 04857

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Agenda No. 17

Name MATTHEW YENTZ
Address 910 W. WINGRA DR.
MADISON, WI 53590

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

At this meeting are you representing an 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," 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:
STRAND Assoc. INC - 910 W. WINGRA DR. MADISON, WI ⁵³⁷¹⁵ ~~53717~~
608-251-4843

JOSEPH FREED Assoc. PARENTINE IL

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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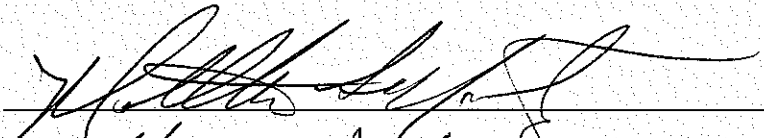
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Date 1/2/07

Signature 
Print Name MATTHEW A. GENTY

Date: 1/2/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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04857

PLEASE PRINT CLEARLY

Name JOSEPH LEE - ERPSTEIN UHEN ARCHITECTS

Address 222 W. WASHINGTON AVE - SUITE 650

Agenda No. 17

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

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

At this meeting are you representing an 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," 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:

JOSEPH FREED & ASSOCIATES
PAVATINE, IL

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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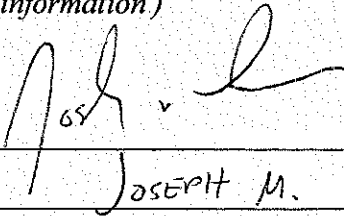
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Date 1/2/07

Signature 
Print Name JOSEPH M. LEE

Date: 01/02/07

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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Agenda No. 04857
Item 17

Name MIKE STURM
Address 22 S. MARQUETTE
MADISON, WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

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

At this meeting are you representing an 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," 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:
KEH SAIKI DESIGN 303 S. PATTERSON 251-3600

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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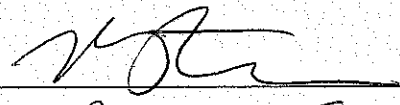
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Date 01/02/07

Signature 

Print Name MICHAEL STURM