Date: 1/2/07

Registration Statement -	Common Council
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	Name Laura Moberly
Agenda No	Name Laura Moberly Address 310 Karen. Ct
	madison
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Please check the appropriate boxes:	그는 맛을 맛을 살아서 아이라는 듯 맛이라는 살을 살았다.
Support	and Wish to speak Do not wish to speak
Oppose	Available to energy questions
At this meeting are you representing an orga	unization or a person other than yourself: Yes No
	t complete the rest of this form If you answered "yes," provide the name
of who you represent and go on to the next q	"destion").
Name, address and telephone number of eac	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	duties for this person or organization? Yes No
(If you answered "no," STOP; you need no	t complete the rest of this form. If you answered "yes," go on to the next
question)	
	mon Council)5 minutes
	3 minutes

The state of the s	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 b 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 fithe City-County Building, Madison, for more information)
Date	Signature
	Telegraphic Control of the Name of the Sanction of the Sanctio

Date: 1/2/07

Registration Statement	Common Council COMMITTEE
Please Print 04857	
	PLEASE PRINT CLEARLY
	Name Domenic Lanni
Agenda No.	Address 220 N SMITH Street Palatine, IL 60067
	Palatine, IL 60067
Please check the appropriate boxes:	
∑ Support	and Wish to speak
Oppose Noither Support Non Oppose	☐ Do not wish to speak ✓ Available to answer questions
☐ Neither Support Nor Oppose	
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 qu	complete the rest of this form. If you answered "yes," provide the name
	전환원으로 루르르는 필요하다 하다 하시를 만든데 얼마를 다녔다.
	n person or organization you are representing:
Joseph treed & Hasa	sciates 891-215-5430
200 N Smith St.	peiates 847-215-5430
Palatin, IL 600	
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

	n elected official or or mental body?	employee who is appearin	g solely on behalf c	of your office or for your municipality or Yes KNo
		question, STOP. You need " to the question, go on to		est of this form, except that you must sign
If you are that:	being paid for your	representation, or if you	r appearance is par	t of other paid duties, please be advised
1.	Before you eng with the City C		yist, you or your pri	ncipal must file an authorization
2.	Your principal City Clerk	is not permitted to author	rize you to lobby u	nless you are registered with the
3.	period (half ye			bbying services in any reporting ents with the City Clerk for the
		's website <u>www.cityofma</u> Building, Madison, for ma <mark>r</mark>		ex.html or go to the Clerk's Office at
Date	1/2/07	_ Signature _	<u>A</u>	
		Print Name	Domenic	hanni

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Date:		~./		
Date.		/		
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Registration Statement -	Common Council COMMITTEE
Please Print 04857	
	PLEASE PRINT CLEARLY
	Name Michael Lauton
Agenda No.	Address 6 S. Ean Claire Ave.
	Madisa, W1 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 org (If you answered "no," STOP; you need no of who you represent and go on to the next	anization or a person other than yourself: Yes \sum No ot complete the rest of this form. If you answered "yes," provide the name question)
Name, address and telephone number of ea	ch person or organization you are representing:
Hill Farms Neighborhold	Association
6. S. Eau Clare Are Mad	
698-238-6601	
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.)	d duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go an to the next
	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?
	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)
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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 f the City-County Building, Madison, for more information)
Date $\frac{1}{2}$	Signature Mall
	Print Name Michael Laws.
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Date: 1/2/67

Registration Statement -	Common Council COMMITTEE					
Please Print 04857	PLEASE PRINT CLEARLY					
Agenda No.	Name MATHEW 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 eac	h person or organization you are representing:					
STRAND ASSOC, /AK: -	910 W. WINGRA DK. MADEN, WI ST					
	608-251-4843					
JOSEPH FREED ASSEC.	PARENTINE 1L					
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 to complete the rest of this form. If you answered "yes," go on to the next					
Speaking Limits: Public Hearing (Com Information Hearing)	umon Council) 5 minutes 3 minutes 3 minutes					

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Are you an eleother governm	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 bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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?
	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 $1/2$	Signature Water
	Print Name MATTHEW A. WENT

Date: $\sqrt{2/c7}$

Registration	on Statement	Common Co	<u>uncil</u>			
Please Print)4857		INT CLEARLY			
		Name	JOSEPH LEE -	- EPPSTEIN	MEN	Authrea
Agenda No.		Address	222 W. WA	SHINGTON	AVE -	Svite 63
Please check the appro Support Oppose Neither Sup At this meeting are you (If you answered "no," of who you represent a	pport Nor Oppose representing an organ 'STOP; you need not	iization or a person complete the rest of	Do not wi Available other than yourself:	sh to speak to answer que	□ N	· ·
Name, address and tele		person or organiza	tion you are represe	nting:		
	ED ASSOCIATES					
PALATINE	46					
Are you being paid for	your representation?			Yes	□N	0
Are you appearing as p (If you answered "no," question)	eart of your other paid of STOP; you need not	duties for this perso complete the rest o	n or organization? f this form If you a	XYes nswered "yes,	□ N " go on t	
Speaking Limits:	Public Hearing (Communication Hearing) Other Items					

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	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)
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Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information)
Date l	$\sqrt{207}$ Signature $\sqrt{69}$
	Print Name) DecEPH M LEE

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Date:	01	02	07		wi.	
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Registration	Statement	Common Co	uncil		
Please Print	H857	PLEASE PRI	INT CLEARLY		
Agenda No. 0485		Name	MIKES 22 S. MANOISOM	MARQU	<u> LNTE</u>
Please check the appropri	iate boxes:				
SupportOpposeNeither Support Nor Oppose		and		sh to speak	estions
At this meeting are you re (If you answered "no," S of who you represent and	TOP; you need not co	omplete the rest of			
Name, address and telephone number of each person or organization you are representing:					
KEM SAIKI	Drs164	303 5	. PATERSO	M	251-3600
	, litta di la contra di Esp. 1988:				
Are you being paid for yo	our representation?			⊠ Yes	□ No
Are you appearing as part (If you answered "no," S question)				Yes riswered "yes,	☐ No " go on to the next
Speaking Limits: Pu	ablic Hearing (Commo formation Hearing	3 m			

Are you an e other governi	lected 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:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised				
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	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 01	02/07 Signature VOC				
	Print Name MICHARL STURM				