

Date: 7-21-09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

ID# 13482

PLEASE PRINT NAME CLEARLY

Name

Laura Dreger

Address

7351 Midtown Rd
Verona WI 53593

Agenda No. 90

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 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:

will speak - if necessary, if motion is taken
of consent.

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.)*

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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?

(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: 7/21/09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

Agenda No. 90

PLEASE PRINT NAME CLEARLY

Name Loueday Herrling
Address 4033 Barlow Rd
Cross Plains, WI 53528

Please check the appropriate box:

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

- Wish to speak *if necessary*
- 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

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REGISTRATION STATEMENT - PAGE 2

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Signature _____

Print Name _____

Date: 7/21/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 90

PLEASE PRINT NAME CLEARLY

Name KEN KRYLOR
Address 3010 SHADY OAK LAKE
VERONA WI

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- 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:

* IF TAKEN OFF CONSORT AGENDA, AVAILABCE
TO SPEAK / ANSWER QUESTION OR COMMENTS -

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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REGISTRATION STATEMENT - PAGE 2

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Date _____

Signature _____

Print Name _____

Date: 7/21/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 90

PLEASE PRINT NAME CLEARLY

Name HENRY A GEMPEL
Address FOLEY & LARDNER LLP

Please check the appropriate box:

- Support RESOLUTION
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak IF REMOVED FROM CONSENT AGENDA
- 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:

KEN KERYLUK + MELISSA WEB

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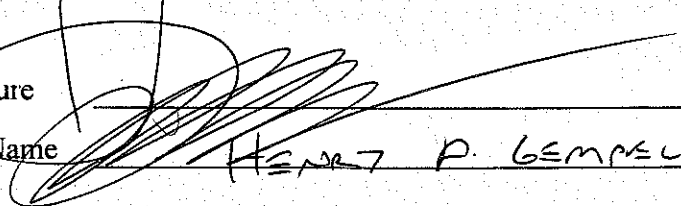
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date 7/21/09

Signature 
Print Name HENRY P. GEMPELER

Date: 7/21/09

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 90

Name Ron Trachtenberg
Address 33 East Main St #500
Madison WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak *If NOT on consent agenda*
 - 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:

Hawks Creek LLC

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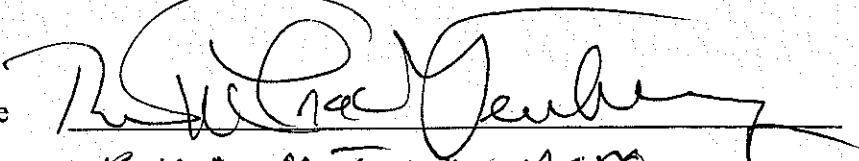
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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Date 7/21/09

Signature 
Print Name RONALD M. TRACHTENBERG

Date: JULY 21, 2009

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

Agenda No. 90

PLEASE PRINT NAME CLEARLY

Name BRIAN MUNSON
Address 170 EAST LAKESIDE
MADISON WI

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak *IF OFF CONSENT AGENDA*
- 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:

KEN KERTLUK
SHAWY OAK LANE

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 JULY 21, 2009

Signature

Print Name

BLIAN MUNSON

Date: 7/21/09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

Agenda No. 20
Study Oak N.P.

PLEASE PRINT NAME CLEARLY

Name Charles Dyer

Address _____

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak *if matter is not*
- Do not wish to speak *on consent agenda*
- Available to answer questions

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