	CITY OF MAL	NOSIC
Registration Statement -	Common C	ouncil
Please Print ID#13482	PLEASE	PRINT NAME CLEARLY
Agenda No.	Name	Laura Dreger 7351 Midtown Rd
	Address	Verona WI 53593
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	AND e	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	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	zation you are representing:
	and the control of th	y, if motion is taken
all consent.	/	
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 pers	son or organization?
Speaking Limits: Public Hearing (Com		5 minutes

Date: 7-21-09

Other Items 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "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 that:	being 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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

			Date:	+3109
	CITY OF MAI	DISON		
Registration Statement -	Common C	Council		
	COMMITTEE			
Please Print				
	PLEASE	E PRINT NA	ME CLEARL	Y
	Name	Loveda	in Herrl	×100
Agenda No. 90	Address	4033	Barlow A	\u03bb
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Oppose	AND	N D	o not wish to sp	eak ()
Neither Support Nor Oppose	Δ.	- " □ `A	vailable to answ	er questions
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 Name, address and telephone number of each	t complete the rest uestion)	of this form	If you answered	Yes No "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 not question)	t complete the rest	t of this form	zation? If you answered	Yes
Speaking Limits: Public Hearing (Com	ımon Council)	5 minutes		

Information Hearing 3 minutes
Other Items 3 minutes

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Date	Signature
	Print Name

Registration Statement -	Common Council
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name KEN KERYLUK
Agenda No.	Address 3010 SHADY OAR LANC
	VERONA LET
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	e / Available to allower questions
At this meeting are you representing an orga	anization or a person other than yourself: Yes No
(If you answered "no," STOP; you need no	ot complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next of	question)
Name, address and telephone number of \$26	ch person or organization you are representing:
TO JUEAR / AN	consent Agguer, AUAilABUR Swan Question on concerno.
Are you being paid for your representation?	☐ Yes ☑ No
Are you appearing as part of your other paid	d duties for this person or organization? Yes No
	ot complete the rest of this form. If you answered "yes," go on to the next
	nmon Council) 5 minutes
	3 minutes 3 minutes

		eted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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(Please	go to	the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at
Room 10	03 of th	ne City-County Building, Madison, for more information)
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Date		Signature
		Print Name

Registrat	egistration Statement - Common Council			
		COMMITTEE		
Please Print		PI FASE	PRINT NAME CLEARLY	
Agenda No	7	Name (_	TOLET OF LARDNER	
Agenda No		Address <u>f</u>	TOLET OF LANDINGA	
Please check the app	propriate box:		Please check the appropr	iate box:
Support	RESOLY TIAN		Wish to speak Do not wish to speak	REMOVED
Oppose	RESOLUTION	AND	Do not wish to speak	ALENDA
	pport Nor Oppos	se	☐ Available to answer qu	estions
(If you answered "no of who you represent Name, address and te	," STOP; you need no and go on to the next lephone number of each	ot complete the rest of question) ch person or organiz	n other than yourself: □ Yes of this form If you answered "yes, ation you are representing:	
Are you being paid for	or your representation?	?	Yes	□No
	part of your other paid," STOP; you need no		on or organization?	
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	g	minutes	

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	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.)
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Date /	1 09 Signature 1 222

Print Name

Registration	n Statement	COMMITTEE	Counc					
Please Print		PLEASE	PRINT (CLEARLY				
Agenda No. 90		Name Address				Mair	2 5 =	3 , 4 500 3203
Please check the appropr	riate boxes:							
Support Oppose Neither Supp	oort Nor Oppose		and	Wis Do 1 Ava	h to spea not wish ilable to	to speak answer qu	UO COVA uestions	serrida
At this meeting are you if (If you answered "no," of who you represent and	STOP; you need not d	complete the res	on other	than you	urself: vou ansv	Yes		No ide the name
Name, address and telep	hone number of each	person or organ	/ 1	4	epresent	ing:		
Are you being paid for y	our representation?					Z Ye	s 🗀	No
Are you appearing as pa (If you answered "no," question)	rt of your other paid o STOP; you need not	duties for this pe complete the res	rson or o	organizat form If	ion? <i>you ans</i>	☐ Yes wered "ye	7=	No n to the next
I	Public Hearing (Comm nformation Hearing Other Items	ahunnaka enjarnana hinnasania.	.3 minut	tes				

Are you an elected officia	l or employee	who is appear	ing solely on	behalf of your	office or for	your municipality or
other governmental body?					☐ Ye	s (D) ylo

(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:

- 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?

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

Date

Signature

Print Name

	Date: <u>JULY</u> 21,2609	
	CITY OF MADISON	
Registration Statement	Common Council COMMITTEE	
Please Print		
	PLEASE PRINT NAME CLEARLY	
	Name BRIAN MUNSON	
Agenda No. <u>90</u>	Address 170 FAST LAKES (OF	
	MADISON WIT	
Please check the appropriate box:	Please check the appropriate box:	
☑ Support [Wish to speak IF OFF CONSEN	ΙΤ)Δ
Oppose L	AND 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 questions.	t complete the rest of this form. If you answered "yes," provide the na	me
Name, address and telephone number of each	h person or organization you are representing:	
VEN KERTLUK		
SHAPY BOX LANG		- - - -

Other Items 3 minutes

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

Are you being paid for your representation?

question)

Speaking Limits:

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

✓ Yes/

Yes

□ No

Are you an elother governr	lected 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)
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Date JUL	Y 21,7669 Signature
	Print Name Read Munican

Registra	ition Statement -	Common Committee	<u>ouncil</u>
Please Print			
		PLEASE	PRINT NAME CLEARLY
		Name	Willes Dilyman
Agenda No.)	Address	
Agenda No. DC Show Occ	KNP		
Please check the ap	ppropriate box:		Please check the appropriate box:
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	Support Nor Oppos	e	Do not wish to speak ON OWN AND AND AND AND AND AND AND AND AND AN
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oj wno you represer	nt and go on to the next o	question)	
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Are you being paid	for your representation?		☐ Yes ☐ No
Are you appearing a (If you answered "n question.)	as part of your other paid no." STOP; you need no	d duties for this person complete the rest	on or organization?
Speaking Limits:	Public Hearing (Cor		
	Information Hearing	g	minutes
	Other Items		minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?		
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)		
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Date	Signature		
٠.	Print Name		