

Date: 1. 17. 2006

CITY OF MADISON

Registration Statement - COMMON COUNCIL COMMITTEE

Please Print

02455

PLEASE PRINT CLEARLY

Agenda No. 17

Name THOMAS MILLER
Address 29 E. WILSON ST # 507
MADISON WI

Please check the appropriate boxes:

- Support
Oppose
Neither Support Nor Oppose

- 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:
THE ALEXANDER CO, INC.
145 E BROADWAY RD
MADISON WI, 53713

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:

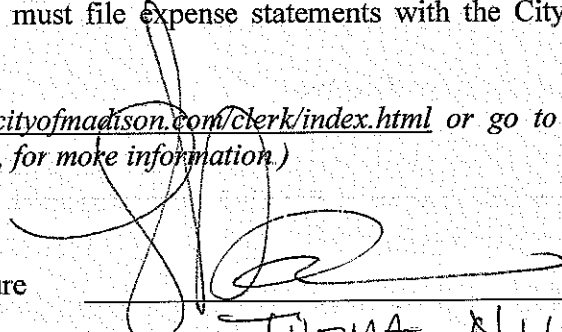
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services 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 1/17/2006

Signature

Print Name


THOMAS MILLER

Date: 1-17-06

CITY OF MADISON

Registration Statement - COMMON COUNCIL

COMMITTEE

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Agenda No. <u>17</u>

PLEASE PRINT CLEARLY

Name STEFANIE MORITZ
 Address 530 W DOTY ST
MADISON 53703

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
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Signature _____

Print Name _____

Date: 01.17.06

CITY OF MADISON

Registration Statement - COMMON COUNCIL

COMMITTEE

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PLEASE PRINT CLEARLY

Agenda No. <u>17</u>

Name ED FREER / JR
 Address 625 WILLIAMSON ST
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:

THE ALEXANDER COMPANY
145 EAST BARGER ROAD
MADISON, WI.

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

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REGISTRATION STATEMENT - PAGE 2

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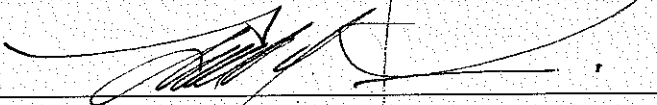
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Date 01.17.06

Signature



Print Name

EDWARD J. FREER

Date: 1-17-06

CITY OF MADISON

Registration Statement - COMMON COUNCIL
COMMITTEE

Please Print

02455

PLEASE PRINT CLEARLY

Name NATALIE BOCK

Address 802 HIAWATHA DR

MADISON, WI 53711

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:

The Alexander Company

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

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REGISTRATION STATEMENT - PAGE 2

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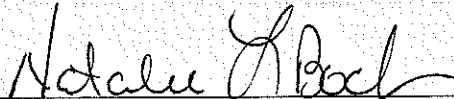
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Date 1.17.06

Signature



Print Name

Date: 1-17-06

CITY OF MADISON

Registration Statement - **COMMON COUNCIL**

COMMITTEE

Please Print

02455

PLEASE PRINT CLEARLY

Agenda No. <u>29</u> <u>TID stakeholders</u>

Name Marsha Rummel

Address 1339 Rutledge St #2
Madison

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:

Marquette Neighborhood Assoc

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
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