Date: 11/6/07

CITY OF MADISON

Registration	on Statement	Common Committee	ouncil	
Please Print 6	7470	PLEASE	PRINT NAME CLEA	ARLY
Agenda No)	Name	PAUL CUTS - I N. PINCKHEY	ENGRAPORESON
Please check the appr	opriate box:		Please check the	e appropriate box:
Support Oppose Neither Sup	pport Nor Oppose	AND	Wish to speal Do not wish to Available to	k to speak answer questions
At this meeting are you (If you answered "no," of who you represent at	' STOP; you need not	complete the rest of		Yes
Name, address and tele	phone number of each	person or organiz	ation you are representir	ng:
11.W. Hw	EL COLL	-ANGDON	MADISON	,
256	- 2361		MAOISON	
Are you being paid for	your representation?			Yes No
			on or organization? of this form. If you answ	Yes No Novered "yes," go on to the next
-	Public Hearing (Computer Information Hearing		minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or least the solely?
	wered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign f 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	1/6/07 Signature Paul M. Cutta

	•	Date:
		CITY OF MADISON
Registration	Statement	Common Council COMMITTEE
Please Print	74 70	PLEASE PRINT NAME CLEARLY
Agenda No.		Name HARVEY TEMKIN Address 23 3 SUGAR RIVER RD. VERONA, WI
Please check the approp	riate box:	Please check the appropriate box:
At this meeting are you re	TOP; you need not	nization or a person other than yourself: Yes No t complete the rest of this form. If you answered "yes," provide the nam
Name, address and teleph	sone number of each 1000	h person or organization you are representing:
Are you being paid for yo	-	Yes No
Are you appearing as part (If you answered "no," S question)	t of your other paid 'TOP; you need not	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the nex
In	formation Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

Are you an elected other governments	d official or employee who is appearing solely on behalf of your office or for your municipality or labely?
	"yes" to the question, STOP . You need not complete the rest of this form, except that you must sign nswered "no" to the question, go on to the next question.)
If you are being p that:	paid for your representation, or if your appearance is part of other paid duties, please be advised
	fore you engage in lobbying as a lobbyist, you or your principal must file an authorization th the City Clerk
	our principal is not permitted to authorize you to lobby unless you are registered with the ty Clerk
per	your principal spends or will owe more than \$1,000 for lobbying services in any reporting riod (half year), the principal must file expense statements with the City Clerk for the nainder of the calendar year?
Room 103 of the C	City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information)
Date <u>U/Q/C</u>	Signature / WW/ Cody Print Name HARVEY L. TEMLIN

	1	11	8	28	
Date:		1/	<u>69 (</u>	00	

CITY OF MADISON

Registration Statement -	
	COMMITTEE
Please Print 6 7470	PLEASE PRINT NAME CLEARLY
	사이트 전에 살아보는 그 이 생각하다. 한 화학에 되어 가장 전 전쟁 전쟁을 하다 하는 것이 되었다. 그 사이를 보고 있다면 하다 그 사이를 보고 있다.
90	Name 6 seg Stenberger
Agenda No.	Address 1812 VAN hise Ave
· 自由的	medison, WF 53726
Please check the appropriate box:	Please check the appropriate box:
⊠ Support [Wish to speak
Oppose	AND Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions
(If you answered "no," STOP ; you need not of who you represent and go on to the next q	n person or organization you are representing:
611 Lang 0	don et Ave
medisa-	don # AVE , w F 53726
Are you being paid for your representation?	□ ∀ es □ No
	duties for this person or organization? Yes No complete the rest of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	

Are you an eleother governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	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
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?
	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	Signature
	Print Name

Date: ///6/07

CITY OF MADISON

Registrati	on Statement	Common C	Council
		COMMITTEE	
Please Print	07470	그리고 얼마 하를 살아를 다 주고 집	E PRINT NAME CLEARLY
		Name	MIKE HAFAUAN
Agenda No.		Address	MIKE HUFFURTH N3970 CEDAR RD. CAMBRIDGE, WI
			CHUBRIDGE WI
Please check the app	ropriate box:		Please check the appropriate box:
∑ ✓ Support		AND	☐ Wish to speak
Oppose	L		☐ Do not wish to speak ☐ Available to answer questions
	pport Nor Oppose		
At this meeting are yo	u representing an organ	nization or a perso	on other than yourself: Yes No t of this form If you answered "yes," provide the name
	and go on to the next qu		of this form if you unswered yes, provide the name
Name address and tel	enhone number of each	nerson or organi	ization you are representing:
		poison of organi	
Are you being paid for	r your representation?		Д ≪es □ No
	part of your other paid of		
(If you answered "no, question)	" STOP; you need not	complete the res	t of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Comr		5 minutes
	Information Hearing Other Items		3 minutes

	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:	sing 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?
Room 103 of	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 //	16/07 Signature Il/reflect typu
	Print Name MICHAET HUFFULAN

Date: 11-06-07

CITY OF MADISON

Common Council

Registration Statement -

.		COMMITTEE
Please Print	07470	PLEASE PRINT NAME CLEARLY
Agenda No. <u>90</u>		Name KOSEMARY LEE Address III W. WILSON ST MADISON 53703
At this meeting are (If you answered "no of who you represent	Support Nor Oppose you representing an org no," STOP; you need no not and go on to the next	anization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name
Are you appearing a	for your representation? as part of your other paid	?
Speaking Limits:	- ',	mmon Council) 5 minutes g 3 minutes

	relected official or employee who is appearing solely on behalf of your office or for your municipality or remental 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
	Print Name