

Date: 9/19/2006

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print 04209

Agenda No. 13

PLEASE PRINT CLEARLY

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

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak ONLY IF NOT ON CONSENT
 - Do not wish to speak
 - Available to answer questions AGENDA

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. / Block 51 LLC
145 E-BADGER ROAD SUITE 200
MADISON, WI 53713 608 258 9580

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

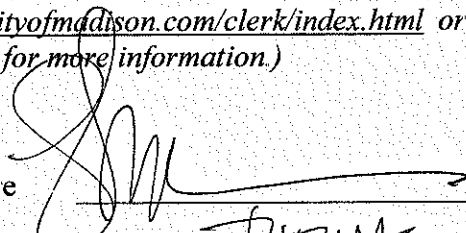
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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 7/19/2006

Signature 
Print Name THOMAS C. MILLER

Date: Sept 19, 2006

CITY OF MADISON

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04209

PLEASE PRINT CLEARLY

Name NATALIE Beck

Address 822 HIAWATHA DR
MADISON W.

Agenda No. 13

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak *ONLY 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 Company, Inc
145 E. BADGER ROAD

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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Date Sept 19, 2006 Signature Natalie A. Bock
Print Name _____

Date: 9/19/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04209

Agenda No. 13

PLEASE PRINT CLEARLY

Name Jonathan Cooper

Address 208 S. Henry 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:

Capitol Neighborhoods Capitol West Phase I Steering Committee

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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- Other Items 3 minutes

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REGISTRATION STATEMENT - PAGE 2

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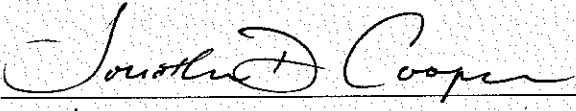
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Date 9/19/06

Signature 

Print Name Jonathan D. Cooper

Date: 9-19-06

CITY OF MADISON

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COMMITTEE

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PLEASE PRINT CLEARLY

Name MATE NOVAK

Address 625 Williamson St
Madison WI 53703

Agenda No. 13

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- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
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Name, address and telephone number of each person or organization you are representing:
Alexander Cayan E. Badger Rd. 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:

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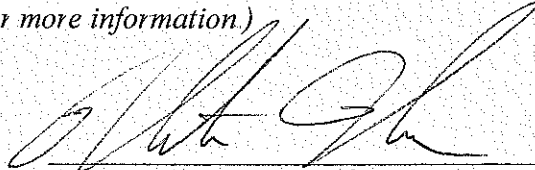
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Date 9-19-06

Signature



Print Name

NATHAN JONES