	Date: 1/6/09
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 6	Name Chery Huttey Address Stz3 Mausion Hill AUG MANISON WI 53719
Please check the appropriate boxes:	
SupportOpposeNeither Support Nor Oppose	and ✓ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions e
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	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	Yes No

Yes

Speaking Limits:

question.)

> Public Hearing (Common Council) 5 minutes Other Items.....3 minutes

Are you appearing as part of your other paid duties for this person or organization?

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

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your menticipality 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)
If you are be 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?
	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 \(\frac{1}{\lambda}\lambda	Signature Print Name Chay Way

Date: 16/2009

and the state of t	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Daniel Metz
Agenda No.	Address 8274 Starr Crass Dr
卫# 12300	Madidon WE 53719
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organiz	ration or a person other than yourself: Yes No
(If you answered "no," STOP ; you need not co	omplete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next que	stion) - Erikulurus Ediline das Alexandria Ediline
Name, address and telephone number of each p	erson or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid du	aties for this person or organization? Yes No
(If you answered "no," STOP; you need not coquestion.)	omplete the rest of this form. If you answered "yes," go on to the next
	on Council)5 minutes
Information Hearing	
Other Items	minutes minutes

	elected 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:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to 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	./2009 Signature
	Print Name Jantel Meh

Date: 1 1 7 7

Registration Statement	Common Co	ouncil
	COMMITTEE	
Please Print		
	PLEASE	PRINT NAME CLEARLY
	Name _	John 1/02M20
Agenda No.	Address	87H3 22 BL. (1027 JT
10#12300		MODIM W 73719
Please check the appropriate box:		Please check the appropriate box:
□ / Support	ARTE	Wish to speak
Oppose L	AND	☐ Do not wish to speak☐ Available to answer questions
☐ Neither Support Nor Oppose		Available to answer questions
	complete the rest o	other than yourself: Yes No No f this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	uestion)	
Name, address and telephone number of each	person or organiza	ation you are representing:
- Setting MOSTAN		
8245 STATE ZP AY		
MAAN 535	15	
Are you being paid for your representation?		Harris Harris Harris ☐ Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)		
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	3	minutes
Office Total Sammana	oon or commercial and a	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "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 b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fthe City-County Building, Madison, for more information.)
Date	
	Signature Print Name

Date:	1/) [(K		
		1			-

Registration	on Statement	Common (Council			
Please Print		DIEACE	PRINT CLE	ADI V		
		PLEASE	PRINT CLE	ARLI		
		Name	Kewe	coa Ku	TVICY	
Agenda No		Address	8073	Starr (Mass	
101230	0					
Please check the appro	ppriate boxes:					
Support			and 🔀	Wish to speak Do not wish to	speak	
✓ OpposeNeither Su	pport Nor Oppose			Available to an		ons
(If you answered "no, of who you represent a	u representing an organ " STOP; you need not of and go on to the next qu ephone number of each	complete the reseastion)	t of this for	m. If you answer		⊠No rovide the name
					:	
Are you being paid fo	r your representation?				☐ Yes	⊠ No
Are you appearing as (If you answered "no, question)	part of your other paid on " STOP; you need not	duties for this pe complete the re	erson or org st of this for	anization? m. If you answer	☐ Yes red "yes," ş	☑No go on to the next
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	о повиналично озворения при при при	3 minutes			

Are you an e other governs	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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	to 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 //L	= 108 Signature Duck Det (101)
	Print Name XCOCCQ Kalthan

1/6/09 Date: 12/6/09

Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Eric Mitchell
Agenda No. / Ø	Address 8/29 Mansion Hill Ave
	Madison WI 53719
Please check the appropriate boxes:	[12] [14] 전 15 (14] [14] [14] [14] [15] [16] [16] [16] [16] [16] [16] [16] [16
☐ Support	and 🔯 Wish to speak
Oppose AN O	Do not wish to speakAvailable to answer questions
Neither Support Nor Oppos	⁸ 등 가는 이번 역시는 시험, 발표한 시간 시간 시간 원론으로 하다 있다.
(If you answered "no," STOP ; you need no of who you represent and go on to the next of	
Name, address and telephone number of each	h person or organization you are representing:
The second secon	
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 no	I duties for this person or organization? Yes No et complete the rest of this form. If you answered "yes," go on to the next
question)	
	nmon Council) 5 minutes 3 minutes 3 minutes

Are you an el other governn		e who is appea	ring solely on behalf of your office or for your municipality or Yes No
	red "yes" to the question, ou answered "no" to the		eed not complete the rest of this form, except that you must sign to the next question)
If you are bei that:	ng paid for your represe	ntation, or if y	your appearance is part of other paid duties, please be advised
	Before you engage in lowith the City Clerk	obbying as a lo	obbyist, you or your principal must file an authorization
2.	Your principal is not po	ermitted to au	thorize you to lobby unless you are registered with the
3		principal mus	nore than \$1,000 for lobbying services in any reporting at file expense statements with the City Clerk for the
	the City Clerk's websi the City-County Building,		madison.com/clerk/index.html or go to the Clerk's Office at more information)
Date		Signature	
		Print Name	

	Date: 1/6/09
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
\ \(\) \(\	Name VISHAL BHARGAVA Address 8207 SPARR GRASS DOR MADISON, W
Agenda No.	Address 8207 SPARR GRASS DOL
1D#12300	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 organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	
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 person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes 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:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to 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 \	$6 \int 9$ Signature
	Print Name VISHAL BHARGAVA

Date: 1609

Registrati	on Statement	Common COMMITTEE	Council		
Please Print		PLEASE	PRINT CLEAR	LY	
			The second of th		MB
Agenda No.		Address	8251	STARR G	RASS OR
ID#12	3 <i>0</i> 0		MADI	ANM. PL STARR G SUN, WIS	3719
Please check the appr	opriate boxes:				
SupportOppose			☐ Do	ish to speak o not wish to speak vailable to answer que	ections
Neither Su	pport Nor Oppose			variable to answer que	SUONS
(If you answered "no of who you represent	ou representing an organ," STOP ; you need not and go on to the next queephone number of each	complete the res uestion)	t of this form. <u>I</u>	If you answered "yes,	⊠ No " provide the name
Are you being paid fo	or your representation?			☐ Yes	⊠ No
Are you appearing as (If you answered "no question)	part of your other paid," STOP; you need not	duties for this pe complete the re	rson or organiz st of this form.	ration?	
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	ummamananan delaharan dan basa	3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	vered "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.)
If you are l that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at of the City-County Building, Madison, for more information.) CO T Signature
	Print Name NATHAN M PLUMS

Date: 01-4-09

Registration Statement	
Please Print	PLEASE PRINT CLEARLY
	Name Geof Foster
Agenda No. / (e	Address 8247 Starr Grass Dr.
工D#12300	madison, WI 53719
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 organ (If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each	
Are you being paid for your representation?	☐ Yes Yo
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes 3 minutes

	an elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body?
	iswered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question)
If you are that:	e being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 3 of the City-County Building, Madison, for more information.)
Date <u>Ø</u>	Print Name Geof Foster

Date: 1/4/09

Registratio	on Statement	Common C	Council		
Please Print		PLEAS	E PRINT NA	ME CLEARLY	
Agenda No.		Name Address		Rupp Starr Gr son, WI	
Please check the appr	opriate box:		Pleas	se check the appr	opriate box:
Support Oppose Neither Sup	oport Nor Oppose	AND		Vish to speak Do not wish to spea Available to answe	
At this meeting are you (If you answered "no," of who you represent a	' STOP ; you need not	complete the res			Yes 💹 No 'yes," provide the name
Name, address and tele	phone number of each	person or organ	ization you ar	e representing:	
Are you being paid for	your representation?				Yes Ano
Are you appearing as p (If you answered "no, question)					Yes \(\overline{\subset} \) No "yes," go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	anne periode de la competencia de la c La competencia de la	3 minutes		

	일본 다른 사용으로 한 경기는 학생으로 하는 교육을 모시되는 살 수학 학자들은 불과 학생들은 경우 가는 다른 경우를 하는 것은 다른 것은 없다.		
	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	vered "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 both	eing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)		
Date <u> - 6</u>	9 Signature Kulk Tupp Print Name Kelly Rupp		
	Print Name Kelly Rupp		
	[지도 [1985년 1988년 1987년 1987년 1일 지원 등 교통 전 전 시간		

	CITY OF MAD	ISON	
Registration Statement	Common Committee	ouncil	
Please Print			
	Name	Luke lestikou	
Agenda No.	Address	8258 Start Grass Dr	
ID# 12300		Modison, WI 53719	
Please check the appropriate box:		Please check the appropriate box:	
Support	ANTO	Wish to speak	
Oppose L	AND	☐ Do not wish to speak ☐ Available to answer questions	
Neither Support Nor Oppose			
of who you represent and go on to the next q	complete the rest (uestion)	of this form If you answered "yes," provide the name	
Name, address and telephone number of each	n person or organiz	ation you are representing:	
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 t complete the rest	on or organization?	
Speaking Limits: Public Hearing (Com Information Hearing			

Date: 01/06/09

Other Items 3 minutes

	elected 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:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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(Please go t 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	Signature		
	Print Name		

		Date: 1609
	CITY OF MAD	DISON
Registration Statement	Common C	ouncil
Please Print		
		PRINT NAME CLEARLY
		Sue Stark
Agenda No.	Address _	7809 Starr Grass DR
ID#12360		
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 orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q	t complete the rest	on other than yourself: Yes No tof this form If you answered "yes," provide the name
Name, address and telephone number of each	h person or organiz	ization you are representing:
Sue Stark 7809	Starr G	rass DR 354-8107
Are you being paid for your representation?		☐ Yes ☐ No rson or organization? ☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.) Speaking Limits: Public Hearing (Com	t complete the rest	t of this form If you answered "yes," go on to the nex

Information Hearing 3 minutes
Other Items 3 minutes

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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_	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 Manage
	Print Name Suc BASKIA

		Date: 1
	CITY OF MAI	JISON
Registration Statement -	Common C	ouncil
Negistration Statement -	COMMITTEE	
Please Print	PLEASE	PRINT NAME CLEARLY
	Name 7	ErinFreebera
Agenda No.		8295 Starr Grass Dr.
ID#12300	ruuruss	Madison N) 53719
Please check the appropriate box:		Please check the appropriate box:
Support Oppose	AND	Wish to speak Do not wish to speak
Neither Support Nor Oppos	e	Available to answer questions
of who you represent and go on to the next q	t complete the rest question)	of this form If you answered "yes," provide the name
Name, address and telephone number of eac	n person or organi.	zation you are representing.
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 no question)		son or organization?
Speaking Limits: Public Hearing (Con 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)
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_	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 \geq
	Print Name

Date: 1/6/09

Registration Statement		Common Cou	ncil	
		COMMITTEE		
Please Print		PLEASE PRIN	T CLEARLY	
		Name /	MEYL BICK	
Agenda No.	P	Address	W/C DEVELOPAL	ient
10#1230	00		W/C DONOLOPAL	XE PD
Please check the appr	opriate boxes:		MADISON	
Support Oppose Neither St	ipport Nor Oppose	and	Wish to speak Do not wish to s Available to ans	
(If you answered "no of who you represent	and go on to the next q	complete the rest of the complete the rest of the complete the rest of the complete the complete the complete the complete the complete the complete the rest of the complete the complete the complete the rest of the complete the rest of the complete the rest of the complete the		☐ Yes
Are you appearing as	or your representation? s part of your other paid o," STOP; you need no	duties for this person complete the rest of t	or organization? [his form. If you answere	☐ Yes ☐ No ☐ Yes ☐ No ed "yes," go on to the nex
Speaking Limits:	Information Hearing	mon Council) 5 m	inutes	

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body? Yes No
	swered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at B of the City-County Building, Madison, for more information.)
Date	Signature Print Name

	트리트를 가는 그는 사람들이다.	
		CITY OF MADISON
Registration		Common Council
<u>Please Print</u>		
		PLEASE PRINT CLEARLY
		Name Teve HCP
Agenda No	2	Address 2108 KEYES AVE
10#12300		MADISON W/ 537//
Please check the appropr	iate boxes:	
Support		and Wish to speak
Oppose		Do not wish to speak
	ort Nor Oppose	✓ Available to answer questions
(If you answered "no," of who you represent an	STOP; you need not cod go on to the next que	zation or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name estion.) person or organization you are representing:
Are you being paid for y	•	Ves □No
		uties for this person or organization? Yes No not be next to make the rest of this form. If you answered "yes," go on to the next
I	nformation Hearing	ion Council) 5 minutes 3 minutes 3 minutes

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	swered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If 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
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	to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at of the City-County Building, Madison, for more information.) Signature
	Print Name JEWS FACE

		Da	te: 1-6-08
	CITY OF MAI	DISON	
Registration Statement -	Common C	ouncil	
Please Print			
	PLEASE	PRINT NAME CLEAF	ELY
	Name	PETER FRAN	1130/H
Agenda No.	Address	USE DEWE	Y CT
10#12300		MIDDLETEN, W	
Please check the appropriate box:		Please check the	
Support Oppose Neither Support Nor Oppos	AND e	Wish to speak Do not wish to Available to a	
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next q	t complete the rest		☐ Yes ☑ No red "yes," provide the name
Name, address and telephone number of eac	h person or organi	zation you are representing	
	· · · · · · · · · · · · · · · · · · ·		
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 no question)			☐ Yes ☐ No red "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	ananaan camma aan aan aan aan a	3 minutes	

	n elected official or emplo ernmental body?	vee who is appearing solely on behalf of your office or for your municipality or Yes No
(If you ans this form	swered "yes" to the questi If you answered "no" to th	n, STOP. You need not complete the rest of this form, except that you must sign e question, go on to the next question)
If you are that:	being paid for your repre	sentation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lobbyist, you or your principal must file an authorization
2	Your principal is no City Clerk	permitted to authorize you to lobby unless you are registered with the
3.		nds or will owe more than \$1,000 for lobbying services in any reporting the principal must file expense statements with the City Clerk for the andar year?
		osite <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at g, Madison, for more information.)
Date		Signature
		Print Name

		Date: 1/4/09
	CITY OF MA	DISON
Registration Statement	Common (Council
Please Print	DI EAC	E PRINT NAME CLEARLY
		PAUL BROOKS
Agenda No.		8252 STARR GRASS DR
10#12300		MADISON, WI 53719
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 organ (If you answered "no," STOP ; you need not of who you represent and go on to the next quantity.	complete the res	on other than yourself: Yes No t of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organ	ization you are representing:
Are you being paid for your representation?		☐ Yes ☐ No

Yes

question)

Speaking Limits:

> Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes

Are you appearing as part of your other paid duties for this person or organization?

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

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
(If you ansv this form I	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)
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.) Signature
	en elle som en en en elle Marie de la M La marie de la

Date: 01-05-09

Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name PAMELA M Carty Address 8/23 Mension HIV Ave
Agenda No.	Address 8/23 Mansion Hill Ave
10#12300	Malicon
Please check the appropriate boxes:	
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Support	and Wish to speak Do not wish to speak
Oppose Neither Support Nor Oppos	Available to answer questions
Netther Support Not Oppos	
At this meeting are you representing an orga	anization or a person other than yourself: Yes 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	
Name address and telephone number of each	ch person or organization you are representing:
Traine, address and telephone names of each	
Are you being paid for your representation?	Yes \(\sigma\)Yo
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Are you appearing as part of your other paid	d duties for this person or organization? Yes No
(If you answered "no," STOP; you need no	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	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
(If you answered "no," STOP; you need no question) Speaking Limits: Public Hearing (Cor	

	n elected official or emp rnmental body?	loyee who is appearing	solely on behalf of your office	or for your municipality or Yes No
	wered "yes" to the ques If you answered "no" to		not complete the rest of this for the next question.)	m, except that you must sign
If you are that:	being paid for your rep	resentation, or if your	appearance is part of other pa	id duties, please be advised
1.	Before you engage with the City Clerk		ist, you or your principal must	file an authorization
2.	Your principal is n City Clerk.	ot permitted to authori	ze you to lobby unless you ar	e registered with the
3.		the principal must fil	than \$1,000 for lobbying serv e expense statements with the	
	o to the City Clerk's w of the City-County Build		ison.com/clerk/index.html or { information.)	go to the Clerk's Office at
Date	01-05-09	Signature	TomelaMe	4
		Print Name	Pamela MEant	7

		Date: 1/6/09
	CITY OF MAD	ISON
Registration Statement -	Common C	ouncil
Please Print	DIFACE	DOINT MARE CLEAD V
	PLEASE	PRINT NAME CLEARLY
Agenda No. 16	Name Address	Lou Ann Karter 8121 Mansion Hill Ave
10#12300		
Please check the appropriate box:		Please check the appropriate box:
Support	AND	Wish to speak
Oppose		Do not wish to speak Available to answer questions
Neither Support Nor Oppos		
At this meeting are you representing an orga (If you answered "no," STOP ; you need no of who you represent and go on to the next of	t 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	ch person or organi	zation you are representing:
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 no question)	duties for this per of complete the rest	son or organization? Yes No of this form. If you answered "yes," go on to the next

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes

Other Items 3 minutes

Speaking Limits:

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "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 beinthat:	ng 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?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date 1/6/	109 Signature for Jun Kath
	Print Name Lou Ann Karkr

		Pale.
	CITY OF MAI	DISON
Registration Statement -	Common C	ouncil
Please Print		
		PRINT NAME CLEARLY
	Name	Bridget Nolah 8236 Stan Gras Drwe Madisa, W. 53719
Agenda No.	Address	8236 Stan Gras Brut
10#12300		Madison, W. 53717
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppos	AND e	☐ Wish to speak☐ Do not wish to speak☐ Available to answer 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	t complete the rest	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each Rodcery Pt. Cor Staw Grass Madisim W	th person or organi 140 AS8	zation you are representing: DCA tum
Stan Grass	Drive	
Madison W	v. 5	3719
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 no question)	· -	son or organization?
Speaking Limits: Public Hearing (Con Information Hearing Other Items	entimentimentimentamentamentamentament	3 minutes

Are you an eother govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form If	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:	eing 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.
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Room 103 of	to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information) Le - 2008 Signature Bridget K. Nolaw
	Print Name Bridget K. Nolaw

		Date:
	CITY OF MAI	DISON
Registration Statement	:Common C	ouncil
	COMMITTEE	
Please Print	PLEASE	PRINT NAME CLEARLY
	Name	Matthias Rupp
Agenda No.	- Address	8245 Sterr Gran Dr
10#12360		Madison W1577-19
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
	ose	The state of the s
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the ne Name, address and telephone number of	not complete the rest ext question)	of this form. If you answered "yes," provide the name
Are you being paid for your representation. Are you appearing as part of your other part (If you answered "no," STOP; you need question.)	paid duties for this per	☐ Yes ☐ No son or organization? ☐ Yes ☑ No of this form. If you answered "yes," go on to the next
Information Hear	Common Council)	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 f you answered "no" to the question, go on to the next question)
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	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	1/6/69 Signature Walliam Ray
	1/6/69 Signature Matthia Keyy Print Name Matthia, Ruyy

	Date: 1/6/2009
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Michelle Mitchell
Agenda No.	Address 8129 Mansion VIII Ave
10#12300	<u>Madison</u> , W1 53119
Please check the appropriate boxes:	
Support	and Wish to speak
OpposeNeither Support Nor Oppos	☐ Do not wish to speak ☐ Available to answer questions e
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h 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?

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

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

question)

Speaking Limits:

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
	vered "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 1 that:	peing 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?
	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: 1 6 2009

Registration Statement	Common C	Council
Please Print	COMMITTEE	
<u>Flease Tillit</u>	PLEASI	E PRINT NAME CLEARLY
	Name	Elizabeth Anders
Agenda No.	Address	8275 Starr Grass Drive
10#12300		Madison, W 53719
Please check the appropriate box:		Please check the appropriate box:
Support✓ OpposeNeither Support Nor Oppose	AND	☐ 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 que Name, address and telephone number of each	complete the res uestion)	t of this form If you answered "yes," provide the name
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 pe	erson or organization?
Speaking Limits: Public Hearing (Com Information Hearing Other Items		3 minutes

한 가는 문제를 하는 것이 있다. 한글 모양 모양 모양 모양 보다 되었습니다. 그런 사람들은 사람들은 사람들이 하는 것으로 보다는 것으로 되었습니다. 그는 것도 없는 것은 사람들이 없는 것은 사람들
tre you an elected official or employee who is appearing solely on behalf of your office or for your municipality or their governmental body?
If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question)
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Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at loom 103 of the City-County Building, Madison, for more information.)
pate 1 2001 Signature And 1
Digitality VIII

Print Name

Date: 1609

Registration Staten	nent - Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No. 0	Name Bill Just Address 2768 Lakelad Madisa
Please check the appropriate boxes Support Oppose Neither Support Nor At this meeting are you representin (If you answered "no," STOP; you of who you represent and go on to	and Wish to speak Do not wish to speak Available to answer questions g an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone numb	per of each person or organization you are representing:
A vou hains mid for your range	entation?
Are you being paid for your repressary Are you appearing as part of your of (If you answered "no," STOP; you question.)	other paid duties for this person or organization? Yes No u need not complete the rest of this form. If you answered "yes," go on to the next
Information	ring (Common Council) 5 minutes 1 Hearing 3 minutes 2 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Room 103 of	to 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