Date: 4.21.09

Registration Statement	Common Cou	ncil	ing general selection of the selection o	
	COMMITTEE			
Please Print	PLEASE PRIN	T CLEARLY		
	Name 7	om /	NCKENNA	
Agenda No.	Address	TO/3 E	MCKENNA BLACK OA N. WI	KDR
JD# 12596	_/	JADISO	N, WI	
Please check the appropriate boxes:				
		1 →		
Support Oppose	and	Wish Do no	to speak t wish to speak	
Neither Support Nor Oppose		Availa	able to answer ques	stions
At this meeting are you representing an organ	ization or a person of	ner than your	self: 🔀 Yes	□No
(If you answered "no," STOP; you need not	complete the rest of th		· —	
of who you represent and go on to the next qu	estion)			
Name, address and telephone number of each				
ORCHARD RIDGE NEIG	-HBORHOOD	A550	<u>e</u>	· · · · · · · · · · · · · · · · · · ·
				·
·				
· <u></u>		<u></u>		
Are you being paid for your representation?			Yes	⊠No
Are you appearing as part of your other paid				No.
(If you answered "no," STOP ; you need not question.)	complete the rest of th	us form. If yo	u answered "yes,"	go on to the next
Speaking Limits: Public Hearing (Com	non Council) 5 mi	nutec		
Information Hearing		nutes		
Other Items		nutes		

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?
	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
	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: <u></u>

CITY OF MADISON

Registration Statement -Common Council COMMITTEE Please Print PLEASE PRINT/CLEARLY Name Agenda No. Address Please check the appropriate boxes: Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (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: Yes Are you being paid for your representation? Yes 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 question.) Speaking Limits: Public Hearing (Common Council)......5 minutes Information Hearing 3 minutes Other Items 3 minutes

		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 that:	are bei	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
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		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		Signature
		Print Name

Registration Statement -	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name LINDA HOSKINS Address 8 WZONONA WOODS CT#
Agenda No.	Address & WZDNONA WOODS CT#
Please check the appropriate boxes:	그리고 하루는 그리고 보면 가는 사람이 보고 말했다. 그는 그 그 네일이
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 organi	ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	
Name, address and telephone number of each	person or organization you are representing:
·	
Are you being paid for your representation?	☐ Yes ☐ No
7110 you orang paka 101 your representations	
Are you appearing as part of your other paid of	luties for this person or organization? Yes No
	complete the rest of this form. If you answered "yes," gb on to the next
question)	
	non Council)5 minutes
Information Hearing	3 minutes

	elected official or employee who is appearing nmental body?	ng solely on behalf of your office or for your municipality or Yes No
	wered "yes" to the question, STOP. You need you answered "no" to the question, go on to	d not complete the rest of this form, except that you must sign o the next question)
If you are b that:	peing paid for your representation, or if you	ar appearance is part of other paid duties, please be advised
1	Before you engage in lobbying as a lobb with the City Clerk.	byist, you or your principal must file an authorization
2.	Your principal is not permitted to authority Clerk.	orize you to lobby unless you are registered with the
3.	If your principal spends or will owe mo period (half year), the principal must remainder of the calendar year?	file expense statements with the City Clerk for the
	to the City Clerk's website <u>www.cityofmo</u> of the City-County Building, Madison, for mo	adison.com/clerk/index.html or go to the Clerk's Office at ore information.)
Date	Signature	
	Print Name	

Date: April 21.7009

Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
	Name Cavousel Bayrd
Agenda No.	Address 4901 Sherwood Rd
	Madison W1 53711
Please check the appropriate boxes:	
가 있는 것 같은 사람들이 되었다. 그런 경우 시간 등 사람들이 되었다. 사용물 기계를 보면 하는 것이 되었다. 그런 사용물 등 사람들이 되었다. 그 것	
Support	and Wish to speak Do not wish to speak
Oppose Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	
Name, address and telephone number of each	nerson or organization you are representing:
En 1 1 A Company to 1	ties commission, city 2 Madesn
Egilal opportunity	TES COVIDOSSION , COM I TOCALOSIO
AND Sel	
	San San
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.)	complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes
	3 minutes

		ected 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.)
If you that:	are be	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: 9-21-09

CITY OF MADISON

Registration Statement -**Common Council** COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. __ 5 Please check the appropriate boxes: Wish to speak **Support** and Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (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: ☐ Yes Are you being paid for your representation? Yes 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 question.) Speaking Limits: Public Hearing (Common Council) 5 minutes Other Items 3 minutes

		cted 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 u answered "no" to the question, go on to the next question)
If you that:	are bein	g 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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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date _	#1	Print Name M.c.hge/ Jorden

Date: 4-21-09

Registration Statement	Common Council
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Please Print	PLEASE PRINT CLEARLY
	Name Roy TURRY Address 1315 Theresh Terr.
Agenda No. 5/	Address 1315 TheresA Terr.
Please check the appropriate boxes:	
Support Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	Available to allowed questions
(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	person or organization you are representing:
1315 TheresA Terr (608) 276-5814	
(608) 276-5814	
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
Speaking Limits: Public Hearing (Com	mon Council)5 minutes
	3 minutes minutes
Other Hellis communication	Pantona valua internationa managementa ALALALAGA COMPANIA

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 that:	are bei	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 the City-County Building, Madison, for more information.)
Date	۱/ -	- 21-09 Signature

Print Name

Date: 4-21-09

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 5	Name Jukoda Hoosevelt Address 1405 Theresa Teri
Please check the appropriate boxes:	Madison Wi 53711
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the nam
Are you being paid for your representation?	☐ Yes N o
question.)	t complete the rest of this form. If you answered "yes," go on to the ne
Information Hearing	amon Council)5 minutes 3 minutes 3 minutes

		cted 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 u answered "no" to the question, go on to the next question.)
If you that:	are bein	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.
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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?
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at a clerk Clerk's Office at the Clerk's Information control of the Clerk's Office at the City-County Building, Madison, for more information of the Clerk's Office at the
Date _	4-8	21-09 Signature Jukoda Roosevelt Print Name Jukoda Roosevelt

	ulai	10	C1	1.
Date: _	4/21	10	7	<u> </u>

Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
	Name Partie adjer
Agenda No5/	Address 211 S. Carroll St
	Name Hatie adjer Address 211 5. Carroll 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 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 Midison Prices	
A CONTRACTOR OF THE PROPERTY O	
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
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

Are you an elected official or enother governmental body?	nployee who is appearing solely on b	behalf of your office or for your municipality or Yes No
	uestion, STOP. You need not complet to the question, go on to the next que	e the rest of this form, except that you must sign stion)
If you are being paid for your that:	epresentation, or if your appearance	is part of other paid duties, please be advised
Before you enga with the City Cle		our principal must file an authorization
 Your principal i City Clerk. 	s not permitted to authorize you to le	obby unless you are registered with the
	r), the principal must file expense	0 for lobbying services in any reporting statements with the City Clerk for the
	s website <u>www.cityofmadison.com/cl</u> uilding, Madison, for more informatio	erk/index.html or go to the Clerk's Office at n.)
Date 4-21-09	Signature Kati d	Odlin
	Print Name Kate	T adjer

ixegistration otatement -	COMMITTEE	
Please Print	PLEASE PRINT CLEARLY	
Agenda No.	Name Address Name Mile Man Man Man Man Man Man Man Ma	Manson avroll st liscon
Please check the appropriate boxes:		
Support Oppose Neither Support Nor Oppose		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 answ	Yes Novered "yes," provide the name
Name, address and telephone number of each		ing:
· ·		
Are you being paid for your representation?		Yes No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question)		☐ Yes ☒ No wered "yes," go on to the next
Information Hearing	non Council)5 minutes 3 minutes 3 minutes	

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		lected official or empl	oyee who is appear	ing solely on behalf of your office or for your municipality or Yes No
		ered "yes" to the quest you answered "no" to		ed not complete the rest of this form, except that you must sign to the next question)
lf vou	ı are be	eing paid for your rep	resentation, or if yo	our appearance is part of other paid duties, please be advised
hat:				
	1	Before you engage with the City Clerk		obyist, you or your principal must file an authorization
	2.	Your principal is noticed City Clerk.	ot permitted to auth	norize you to lobby unless you are registered with the
	3.	If your principal sp period (half year), remainder of the ca	the principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
(Pleas	se go 1	to the City Clerk's w	ebsite www.cityofn	nadison.com/clerk/index.html or go to the Clerk's Office at
Room	103 of	the City-County Build	ing, Madison, for m	nore information)
Date		4/21/09	Signature	Mit Howard
			Print Name	Mike Hanson

Registration Statement	Common Council
Please Print	
	PLEASE PRINT CLEARLY
5	Name Stacy Harbarah
Agenda No.	Address 122 State St. #201
	Madison, WI 53703
Please check the appropriate boxes:	
Support Oppose	and Wish to speak Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions Sharbaugh@aclu-w.c
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	nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name
-	h person or organization you are representing:
American Civil L	- besties Union of WI
	· · · · · · · · · · · · · · · · · · ·
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 t complete the rest of this form. If you answered "yes," go on to the next
	nmon Council) 5 minutes 3 minutes
	3 minutes

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		lected official or emplo nental body?	yee who is appearin	g solely on behalf of your office or	for your municipality or Yes No
		red "yes" to the questi ou answered "no" to t		l not complete the rest of this form, the next question)	except that you must sign
If you that:	are be			r appearance is part of other paid or yist, you or your principal must file	
	1	with the City Clerk	n lobbying as a lobb	yist, you or your principal must me	, an authorization
	2.	Your principal is no City Clerk	t permitted to autho	rize you to lobby unless you are re	gistered with the
	3.		he principal must f	te than \$1,000 for lobbying services ile expense statements with the C	
		o the City Clerk's we the City-County Buildi		dison.com/clerk/index.html or go re information)	to the Clerk's Office at
Date	4/	21/2009	Signature	Starcy Hale	aux C
• • •	/	1	Print Name	Stacy Harbo	wah

Registration Statement -	Common Council
Please Print	
	PLEASE PRINT CLEARLY
	Name Andrew Bange
Agenda No. 5 /	Address 2881 Forest Down
	Name Andrew Bange Address 2881 Forest Down Madrson, WI 53711
	경영 다 보면 마리 라마마 크로 크레이 마리 로르테 바로 보고 보고 보다. 참 하는 것 같아 아일일, 하고 아일로 보다고 있는 것 같아. 프로그램 보고 있는 것 같아.
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	e Available to answer questions
	nization or a person other than yourself: Yes No
At this meeting are you representing an orga	t complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	
Name address and talanhana number of ass	h person or organization you are representing:
Name, address and telephone number of eac	in person of organization you are representing.
<u> </u>	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid	I duties for this person or organization? Yes No to the next complete the rest of this form. If you answered "yes," go on to the next
question)	t complete the rest of this form. If you unswered yes, "go on to the new
Smalling Limites Dublic Heaving (Con	nmon Council) 5 minutes
	nmon Council) 5 minutes
	3 minutes

	elected official or employ nmental body?	yee who is appeari	ng solely on behal		r your municipa es \[\] No	lity or
1 6 7	wered "yes" to the questic f you answered "no" to th		-		ept that you mu	st sign
If you are that:	being paid for your repre	sentation, or if yo	ur appearance is p	art of other paid dut	ies, please be ac	lvised
1.	Before you engage in with the City Clerk	lobbying as a lob	byist, you or your	principal must file ar	authorization	
2	Your principal is not City Clerk.	permitted to auth	orize you to lobby	unless you are regis	tered with the	
3.	If your principal sper period (half year), the remainder of the cale	ne principal must				
	to the City Clerk's we of the City-County Buildin			ndex.html or go to	the Clerk's Off	ice at
Date		Signature				
		Print Name		•		

Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name Mai Yer Vang Address 20 Bayview 53715, Madison, WI
Agenda No.	Address 20 Bayview
	53715, Madison, WI
Please check the appropriate box:	Please check the appropriate box:
Support	Wish to speak
Oppose	AND Do not wish to speak
Neither Support Nor Oppos	Available to answer questions
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 nuestion) the person or organization 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 person or organization? Yes No t complete the rest of this form If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 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 b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name