

Date: 5-19-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

60987

Agenda No. 79

Name ROSEMARY LEE

Address 111 W WILSON #108

Please check the appropriate boxes:

Support

Wish to speak

Do not wish to speak

Available to answer questions

Oppose

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," 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..... 5 minutes
 Information Hearing..... 5 minutes
 Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 5-17-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

00987

Agenda No. <u>79</u>

Name Sheridan Glen
 Address 614 W. Doty
Madison

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- 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
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Speaking Limits: Public Hearing 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: May 17, 2005

City of Madison Registration Statement - Common Council

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00987

Agenda No. 79

PRINT NAME CLEARLY

Name Curt Beink
Address 101 Acadia Dr
Madison, WI

Please check the appropriate boxes:

- Support**
 - Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
 - 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
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Print Name _____

Date: _____

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PRINT NAME CLEARLY

00987

Agenda No. #79

Name Sandra Turkildsen

Address 1214 Elizabeth St
Madison WI 53703

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- 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," 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

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Signature _____

Print Name _____

Date: May 17, 2005

City of Madison Registration Statement - Common Council

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00987

PRINT NAME CLEARLY

Agenda No. <u>79</u>

Name TOM BEACH

Address 722 Wilder Dr
Madison, WI 53704

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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Are you appearing as part of your other paid duties for this person or organization? Yes No
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Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: _____

City of Madison Registration Statement - Common Council

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Please Print

PRINT NAME CLEARLY

00987

Agenda No. 79

Name Bill White

Address 2708 Lakeland Ave
Madison 53704

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Urban Land Interests

B NBC Properties

251-0701

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.)

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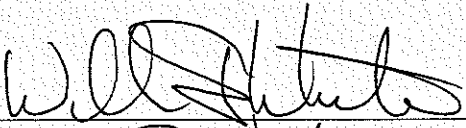
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Date 5/19/05

Signature



Print Name

Wm F White

Date: 5-16-05

City of Madison Registration Statement - Common Council

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Please Print

00987

Agenda No. 79

PRINT NAME CLEARLY

Name Kris Grutze

Address 1115 Amhurst Dr.
Madison 53705

Please check the appropriate boxes:

Support

Wish to speak

Do not wish to speak

Available to answer questions

Oppose

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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Downtown Business Improvement district

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
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Date 5-16-08 Signature 
Print Name Kris Guntz