Date:	\mathcal{L}	-2	3.	-Zeio	
Daic.					

Registration Statement	Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 477	Name Scort B. THORMON Address 1104 JENIFER ST MANISON, WI 53703
of who you represent and go on to the next que Name, address and telephone number of each	Please check the appropriate box: Wish to speak
question.) Speaking Limits: Public Hearing (Communication Hearing)	☐ Yes ☑No 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

	u an elected official or employee who is appearing solely on behalf of your office or for your municipality or overnmental body?
	answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign m. If you answered "no" to the question, go on to the next question.)
If you that:	are being 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.
	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	e go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 103 of the City-County Building, Madison, for more information.)
Date _	2-23-2010 Signature Swith B. THORNEW

Date: 2/23/10

Registration States	ment - Common Council		
	COMMITTEE		
Please Print			
	PLEASE PRINT NAME CLE	ARLY	
2000	Name Mark Sch		
Agenda No. 2 (4) 67 76	122 Address 3717 BUS	se st	
	Madison	WT 53	714
		•	
Please check the appropriate bo	ox: Please check the	he appropriate l	box:
Support	☐ Wish to spe	ak	
Oppose	AND Do not wish		
	Available to	o answer question	ns
Neither Support No	r Oppose	•	
(If you answered "no," STOP ; yo of who you represent and go on to	ing an organization or a person other than yourself: ou need not complete the rest of this form. If you ans o the next question) mber of each person or organization you are represen	wered "yes," pro	X No ovide the name
Are you being paid for your repre	esentation?	☐ Yes [☐ No
Are you appearing as part of your (If you answered "no," STOP; you question.)	r other paid duties for this person or organization? ou need not complete the rest of this form. If you and	☐ Yes [swered "yes," go	No on to the next
Information	earing (Common Council) 5 minutes on Hearing 3 minutes ms 3 minutes		
Other Item	HIMIUI C. nameterante commission de la c		:

Are you an eleother governm		oyee who is appearing so	lely on behalf of your of	ffice or for your municip Yes No	pality or
		tion, STOP. You need not the question, go on to the		form, except that you m	ust sign
If you are bei that:	ng paid for your rep	resentation, or if your ap	pearance is part of other	r paid duties, please be	advised
1.	Before you engage with the City Clerk	in lobbying as a lobbyist,	you or your principal m	ust file an authorization	
2.	Your principal is n City Clerk	ot permitted to authorize	you to lobby unless you	are registered with the	
3.		ends or will owe more the the principal must file of lendar year?			
		vebsite <u>www.cityofmadiso</u> ling, Madison, for more in		or go to the Clerk's C	ffice at
Date	· .	Signature			
		Print Name			

Date: 2/23/10

registiati	on Statement	COMMITTEE	<u>ounch</u>		- Lagranda e di Santana
		COMMITTEE			
Please Print		**			
			PRINT NAME CLE		
600	72 72 122	Name	JAMES GRE	ER	<u> </u>
Agenda No.	31,12,12	Address _	513 West	LAWN DA	2.
			513 West	e WI	
Please check the app	propriate box:		Please check t	he appropriate b	ox:
Support	_		☐ Wish to spe	eak	
Oppose		AND	☐ Do not wisl	n to speak	
	pport Nor Oppose		Available to	o answer question	18
A 4 41-5			in a lo		
	ou representing an organi , " STOP; you need not c			☐ Yes ☐ wered "ves" pro	_ No wide the name
	and go on to the next que		oj viiis joi in. 19 you uns	nerea yes, pro	That me name
Name address and to	lankana mushas af'aaak			·•	•
ivalite, address and te	lephone number of each	person or organiz	ation you are represent	ing:	
	·	-			
·					
Are you being paid for	or your representation?			☐ Yes	No
	part of your other paid d			☐ Yes ∠	ĴNo
(If you answered "no question)	o," STOP; you need not d	complete the rest	of this form. If you ans	wered "yes," go	on to the next
Snacking Limiter	Dublic Hearing (Comm	non Council) 4			
Speaking Limits:	Public Hearing (Comm Information Hearing				
	Other Items				

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
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 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 2/23/10

Registration Statement -	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
Collins A 13	Name HAQUEY Whole
Agenda No. 3(4,61,72,72	Address 531 N Pinchay
Edgeworer	mapisa
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppo	AND Wish to speak Do not wish to speak Available to answer questions
of who you represent and go on to the next	not complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation	n?
Are you appearing as part of your other pa (If you answered "no," STOP; you need r question)	nid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Co	ommon Council)5 minutes

•		lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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:	ı 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?
-	_	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

Date: 2-23-10

CITY OF MADISON

Registration Statement -Common Council COMMITTEE Please Print PLEASE PRINT NAME CLEARLY OR BOUCHER Name CO318 LANDFALL DR Agenda No. Address Please check the appropriate box: Please check the appropriate box: Support Wish to speak 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: Yes (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: SUPPORT OF EDGOLDSEN DEV. Are you being paid for your representation? Yes Are you appearing as part of your other paid duties for this person or organization? Yes (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

Are you an electory other government	ed official or employee who is appearing solely on behalf of your office or for your municipality or tal body?	
	"yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)	!
If you are bein that:	paid for your representation, or if your appearance is part of other paid duties, please be advised	1
1. 1. 1. 1. 1. 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	f 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?	
	he 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	Signature	_
	Print Name	

Date: 2/23/10

CITY OF MADISON

Registration Statement - Common Council

Please Print		PLEASE PRINT NAME CL	EARLY
Agenda No. Z , 1/,	67,22, 122	Name JUDD Sc Address 7614 St MADISON,	HEMMEL AWMILL RD WI 53717
Please check the ap	propriate box:	Please check	the appropriate box:
Support Oppose Neither St	upport Nor Oppose	AND Wish to sp 3 Do not wi Available	
(If you answered "no of who you represent	o," STOP; you need not contained and go on to the next ques	ation or a person other than yourself: mplete the rest of this form. If you are tion.) erson or organization you are represe	nswered "yes," provide the name
Are you being paid f	or your representation?		Yes No
		ties for this person or organization? Implete the rest of this form. If you are	☐ Yes ☐ No nswered "yes," go on to the next
Speaking Limits:	Information Hearing	on Council) 5 minutes 3 minutes 3 minutes	

	lected official or employ mental body?	vee who is appearing s	solely on behalf of your office	e or for your municipality or Yes No
	ered "yes" to the question wou answered "no" to the		ot complete the rest of this for ne next question)	m, except that you must sign
If you are be that:	eing paid for your repre	sentation, or if your a	appearance is part of other pa	id duties, please be advised
1.	Before you engage in with the City Clerk	lobbying as a lobbyis	st, you or your principal must	file an authorization
2.	Your principal is not City Clerk	permitted to authoriz	e you to lobby unless you are	e registered with the
3.		ne principal must file	than \$1,000 for lobbying servi expense statements with the	
	to the City Clerk's we the City-County Buildir		son.com/clerk/index.html or g information)	go to the Clerk's Office at
Date		Signature		
		Print Name		

Date: $\frac{2/23/10}{}$

CITY OF MADISON

Common Council

COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Address Please check the appropriate box: Please check the appropriate box: 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: Yes (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: Are you being paid for your representation? Yes No 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

Registration Statement -

		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 a 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?
		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:	 2	~	23	-	1	0

Registrati	on Statement -	Common C	Council		
		COMMITTEE			
Please Print		- , -, -,			
		PLEASI	E PRINT NAME CLE	ARLY	1
	11 1 7 70	Name	Christop	her Ci	ulver
Agenda No. 2,	7,01,12	Address	411 Wiscon	isin A	rl
4 122			Madison	WI.	53703
Please check the app	ropriate box:		Please check t	he appropria	ite box:
Support Oppose Neither Su	pport Nor Oppos	AND	☐ Wish to spo ☐ Do not wis ☐ Available t		stions
(If you answered "no, of who you represent	" STOP; you need no and go on to the next of	nt complete the res question)	on other than yourself: t of this form. If you ans ization you are represen	wered "yes,"	No 'provide the name
Are you being paid for	or your representation?)		[] Yes	□No
Are you appearing as (If you answered "no question)			tson or organization? t of this form. If you an	Yes [] Yes swered "yes,"	☐ No " go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	.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 that:	ı are be	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.
	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 the City-County Building, Madison, for more information)
Date		Signature
		Print Name

Date: 2 23 (0

CITY OF MADISON

Common Council

Registration Statement -

COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Please check the appropriate box: Please check the appropriate box: Support Wish to speak **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: X Yes Are you being paid for your representation? ☐ No Are you appearing as part of your other paid duties for this person or organization? Yes Yes (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

		ected official or employe ental body?	e who is appear	ing solely on behalf of your office or for your municipality or Yes No
. • .		ed "yes" to the question ou answered "no" to the		ed not complete the rest of this form, except that you must sign to the next question.)
If you that:	are bein	ng paid for your represe	entation, or if yo	our appearance is part of other paid duties, please be advised
	1	Before you engage in I with the City Clerk.	obbying as a lot	obyist, you or your principal must file an authorization
	2	Your principal is not participal City Clerk.	permitted to auth	norize you to lobby unless you are registered with the
	3		e principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
		the City Clerk's web the City-County Building		nadison.com/clerk/index.html or go to the Clerk's Office at nore information)
Date	21	23	Signature Print Name	allen Arntsen

Date: 2/23/10

Registration	on Statement - <u> </u>	<u>ommon Cour</u>	<u>icil </u>		
		MMITTEE			
Please Print	÷				
		PLEASE PRI	NT NAME CLEA	ARLY	
		33	1/1/200	1	
2 ss /	777 127-	Name //v	Y VALENTYN		
Agenda No. 🚈 🌂 🧖	1,12,120	Address 28	51 Cross Cou	nton Cire	le
Agenda No. 2, \$ 6 In support of 6	Edgewater		51 Cross Courona, W/	0	
•	Development	. Ve	rona, W/		
Please check the app	ropriate box:		Please check the	e appropriat	te box:
_					
Support			Wish to spea	ık	
Oppose		AND	Do not wish	to speak	
			Available to	answer ques	tions
Neitner Su	pport Nor Oppose		•	٠	
A ()1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.,.		16	□ 3 7	
	ou representing an organizat			☐ Yes	☑ No
	"STOP; you need not com		is form. If you answ	vered "yes,"	provide the name
of who you represent	and go on to the next questi	ion)			
			.•		
Name, address and tel	lephone number of each per	rson or organization	i you are representi	ng:	
					
			:		
	-				
				□ 3 7-5	□ NI-
Are you being paid to	or your representation?			∐ Yes	□No
			• 0		□ NT.
	part of your other paid duti			Yes	☐ No
	," STOP; you need not con	nplete the rest of th	is form. If you ansv	verea "yes,"	go on to the next
question.)					
Speaking Limits:	Public Hearing (Commor				
	Information Hearing				
	Other Items	3 mir	nutes		
*	Approximately and the second second				

		eted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		d "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question)
If you a 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.
	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 ne City-County Building, Madison, for more information)
Date _		Signature
		Print Name

Date: 2-23-2010

CITY OF MADISON

Common Council

Registration Statement -

	CONINATTEE	
Please Print		
	PLEAS	E PRINT NAME CLEARLY
	Name	Bichad Totman/Ellen Seuscre
Agenda No. 24	67 72, 122 Address	155 E. Wilsonst
	Address	
		Madicon wt
Fn support of Please check the appr	Fbgewater De-elopment ropriate box:	Please check the appropriate box:
Summont	· · · · · · · · · · · · · · · · · · ·	Wish to speak
Support	AND	Do not wish to speak
Oppose		Available to answer questions
Neither Su	pport Nor Oppose	
(If you answered "no, of who you represent o	u representing an organization or a per "STOP; you need not complete the re and go on to the next question) ephone number of each person or orga	st of this form. If you answered "yes," provide the name
Are you being paid for	your representation?	☐ Yes No
	part of your other paid duties for this p "STOP; you need not complete the re	erson or organization? Yes No est of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Council) Information Hearing	

		ected 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 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
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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
		Print Name

Date: 2-23-2010

CITY OF MADISON

Registration Statement - Common Council

Please Print		_ PLEASE	PRINT NAME CLEAF	₹LY
7		Name	Scort 13. T	Herraton
Agenda No. 7	<u> </u>	Address	1104 Janife	er st
			MADISON, W	JI 53703
Please check the app	propriate box:		Please check the	
Support Oppose Neither Su	pport Nor Oppo	AND	☐ Wish to speak☐ Do not wish to☐ Available to an	speak nswer questions
(If you answered "no of who you represent	," STOP; you need to and go on to the nex	t question)	f this form. If you answei	Yes
_	•		ation you are representing	
				N. E.
Are you being paid for	or your representation	n?		Yes No
		aid duties for this pers not complete the rest		Yes No red "yes," go on to the next
Speaking Limits:	Information Heari	ommon Council) 5 ng 3	minutes	

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 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.
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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 the City-County Building, Madison, for more information)
Date	2 -	Print Name Scort B. THORNE
		Print Name Scort B. THOR NEW

Date:	2	[5	23/	110	2	
	-	· · · ·				 · .

Registration Statement	Common Co	uncil			
Please Print	PLEASE I	PRINT NAME CLEA			
Agenda No. <u>72</u>	Name	Joe Korb 2 Langdon	<i>57</i> :		**
Please check the appropriate box:		Please check th	e appropria	te box:	
SupportOpposeNeither Support Nor Oppos	AND e	☐ Wish to spea ☐ Do not wish ☐ Available to		tions	
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 Name, address and telephone number of each	t complete the rest o question)	f this form. If you answ		⊠ No 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 no question)	l duties for this persont complete the rest of	on or organization? of this form. If you ans	☐ Yes wered "yes,"	No go on to the	e next
	mmon Council)5 g	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 are that:	e 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.
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		Signature
		Print Name

Date: 2/23/10

Negistration Statement	Confine Council	
Please Print	COMMITTEE	
	PLEASE PRINT NAME CLE	ARLY
	Name FRED	MOHS
Agenda No.	Name FRED Address 512 W15C	DUSIN 1UE
Please check the appropriate box:	Please check th	ne appropriate box:
Support Oppose Neither Support Nor Oppose	AND Wish to specific Do not wish Available to	
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 rest of this form. If you answ uestion)	
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)		Yes No wered "yes," go on to the next
Information Hearing	amon 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? 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 that:	are be	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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
		Print Name

Date: 2 - 23 - 10

Registration Statement		
Please Print	PLEASE PRINT NAME CLE	ARLY
72-16786 Agenda No. 16786	Name Fricte Address 5653 Ash Madison	
Please check the appropriate box:	Please check th	ne appropriate box:
Support Oppose Neither Support Nor Oppose	AND Wish to specific Do not wish Available to	
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 rest of this form. If you answestion.)	wered "yes," provide the name
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 question)		
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes	

Are you an elected off other governmental bo	al or employee who is appearing solely on behalf of your office or for your municipality or?	
	o the question, STOP. You need not complete the rest of this form, except that you must sign d "no" to the question, go on to the next question)	!
If you are being paid that:	r your representation, or if your appearance is part of other paid duties, please be advised	
	ou engage in lobbying as a lobbyist, you or your principal must file an authorization City Clerk	
2 Your p	ncipal is not permitted to authorize you to lobby unless you are registered with the \mathbf{k} .	
period	rincipal spends or will owe more than \$1,000 for lobbying services in any reporting half year), the principal must file expense statements with the City Clerk for the or of the calendar year?	
	Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ounty Building, Madison, for more information.)	F .
		٠.
Date	Signature	<u>.</u>
	Print Name	

Date: $\frac{2/23/10}{}$

CITY OF MADISON

Common Council

COMMITTEE Please Print PLEASE PRINT NAME CLEARLY MIKEKOLUZAN Agenda No. 72-16786 Please check the appropriate box: Please check the appropriate box: 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: Yes (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 No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing (Common Council) 5 minutes **Speaking Limits:** Information Hearing 3 minutes Other Items 3 minutes

Registration Statement -

Are you an elected official or other governmental body?	employee who is appeari	ing solely on behalf of your office or for your municipality or Yes No
(If you answered "yes" to the this form If you answered "n		ed not complete the rest of this form, except that you must sign to the next question)
If you are being paid for you that:	ir representation, or if yo	our appearance is part of other paid duties, please be advised
1. Before you en with the City		obyist, you or your principal must file an authorization
2. Your principa City Clerk.	l is not permitted to auth	orize you to lobby unless you are registered with the
period (half y		ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
(Please go to the City Cler Room 103 of the City-County		nadison.com/clerk/index.html or go to the Clerk's Office at core information)
Date	Signature	
	Print Name	

Date: 2/23/2010

	COMMITTEE	
Please Print		
1 lease Fillit	PLEASE	E PRINT NAME CLEARLY
	Name	Levell Tellers
Agenda No. 72	Address	Lead Tellers 510 x Carroll St
Please check the appropriate box:		Please check the appropriate box:
☐ Support ☐	A DID	☐ Wish to speak
Oppose	AND	Do not wish to speak Available to answer questions
Neither Support Nor Oppose		Available to answer questions
Name, address and telephone number of each p		ization you are representing:
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid d	uties for this per	rson or organization? Yes No
		t of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Community Information Hearing)		
Other Items		

Are you an elected official or emother governmental body?	ployee who is appear	ing solely on behalf of your office or for your municipality or Yes No
(If you answered "yes" to the qu this form If you answered "no"		ed not complete the rest of this form, except that you must sign to the next question)
If you are being paid for your rethat:	epresentation, or if yo	our appearance is part of other paid duties, please be advised
1 Before you engage with the City Cle	-	obyist, you or your principal must file an authorization
2. Your principal is City Clerk.	not permitted to auth	norize you to lobby unless you are registered with the
	r), the principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
(Please go to the City Clerk's Room 103 of the City-County Bu		nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)
	o di al differenza	
Date	Signature Print Name	
	1 11116 1 (411110	

Date:

Registration State	ement - <u>Common Co</u>	uncil
Please Print	COMMITTEE PLEASE I	PRINT NAME CLEARLY
Agenda No.	NameAddress	JUDY FAROFSKY 301 N. PINKENEY MANSION HILL
Please check the appropriate b	ox:	Please check the appropriate box:
Support Oppose Neither Support No	AND or Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you represent (If you answered "no," STOP; y of who you represent and go on to Name, address and telephone nut	ou need not complete the rest of the next question)	this form If you answered "yes," provide the name
Are you being paid for your repr	esentation?	Yes No
Are you appearing as part of you (If you answered "no," STOP; y question)		n or organization?
Informat	earing (Common Council) 5 ion Hearing 3	minutes

Are you an elected official or empother governmental body?	oloyee who is appear	ring solely on behalf of your office	or for your municipality or Yes No
(If you answered "yes" to the que this form. If you answered "no" to		eed not complete the rest of this form to the next question)	n, except that you must sign
If you are being paid for your rethat:	presentation, or if y	our appearance is part of other pai	d duties, please be advised
1 Before you engag with the City Cler		bbyist, you or your principal must t	île an authorization
2. Your principal is City Clerk.	not permitted to aut	horize you to lobby unless you are	registered with the
), the principal mus	nore than \$1,000 for lobbying servior title expense statements with the	
(Please go to the City Clerk's Room 103 of the City-County Bui		madison.com/clerk/index.html or g nore information)	o to the Clerk's Office at
Date	Signature		
	Print Name		

	Date:
	CITY OF MADISON
Registration Statement	Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. Agenda No.	Name FAE DREMOCK Address 1211 Ruledse \$4 MAD ISON 53703
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
of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and telephone number of each	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 (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No to 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

	ou an elected official or employee who is appearing solely on behalf of your office or for your municipality or governmental body?
	answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign rm. If you answered "no" to the question, go on to the next question.)
If you that:	are being 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?
Room	se go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 103 of the City-County Building, Madison, for more information)
Date	2/2/ 200 Signature FAS MOMCO

	Date:
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. (07) 72, 123	Name My Supple Address 790x Sant (notx Verona WE
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 orga If you answered "no," STOP; you need not If 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?	☐¥es ☐ No
Are you appearing as part of your other paid If you answered "no," STOP; you need no question)	I duties for this person or organization? Yes No No st 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

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?
(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.
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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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information)
Date 2-23-10 Signature My Supple g
Print Name