Date: $\frac{\alpha}{3}/09$

Registration Statement	Common C	ouncil Assertion
Please Print		PRINT NAME CLEARLY
Agenda No. 4 T0# 12113		Katie Falvey 100 & Wisconsin Ave Milwaerlee WI
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 of this form. If you answered "yes," provide the name
Name, address and telephone number of each		
Marcus theatres 107 E Wis Ave 1	1: /w W1	53202
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)		son or organization? Yes No of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	энээчээскававиннация-сэлаладас-сын	3 minutes

		ected official or employee who is appearing solely on behalf of your office or for your municipality or lental 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 hat:	re 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 he City-County Building, Madison, for more information.)
Date	J	309 Signature Walney
		Print Name Kate Falvey

Date: 25 3 04

Registration Statement -	Common C	ouncil
Please Print Agenda No. 15年 12113	Name	EPRINT NAME CLEARLY NORM FLYNN 5655 Odana Rol Madizon No
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Support Oppose Neither Support Nor Oppose	AND e	Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
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Name, address and telephone number of each	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 not question.)	duties for this per t complete the res	son or organization? Yes No t of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing) Other Items	animportunianimpinintanimpinianimpi	3 minutes

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Date	4	3/09 Signature Josman N. Thym
	,	Print Name Wormen D. FJUNN

Date: 3/09

Registration Statement	Common Co	ouncil
	COMMITTEE	
Please Print		
	PLEASE	PRINT NAME CLEARLY
		1 Allen Auntse
	Name _	
Agenda No.	Address _	150661
10# 12113		Media
Please check the appropriate box:		Please check the appropriate box:
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of who you represent and go on to the next q Name, address and telephone number of eac	ruestion)	of this form If you answered "yes," provide the name attion you are representing:
Are you being paid for your representation?		√Ves □ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)		on or organization?
Speaking Limits: Public Hearing (Con Information Hearing Other Items		minutes

	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.)
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Date	Signature Print Name

Date:	2	2B	00	<u>.</u>

Registration Statement	Common C	ouncil
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Agenda No.	Address	
TD# 12113		MADSIN
Please check the appropriate box:		Please check the appropriate box:
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At this meeting are you representing an organ (If you answered "no." STOP: you need not	nization or a perso complete the rest	on other than yourself: Yes No No 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 organi	zation you are representing:
7/2 10/2 1/2 1/2	> 11-2	
- 717 Jan Haw V	*C/V-	
Are you being paid for your representation?		☐ Yes ☒ No
Are you appearing as part of your other paid	duties for this per	son or organization? Yes No
		t of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com		
Information Hearing Other Items		

Are you	ı an ele overnm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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	/	
Date _	340	53/09 Signature HAKA
		Print Name CHEKSTOPPE THE