

Date: 2/3/09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>4</u>
ID# <u>12113</u>

Name Katie Falvey

Address 100 E Wisconsin Ave  
Milwaukee WI

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 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," 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:

Marcus Theatres Corp

107 E Wis Ave Milw WI 53202

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 (Common Council) ..... 5 minutes  
 Information Hearing ..... 3 minutes  
 Other Items ..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee 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, 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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(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://www.cityofmadison.com/clerk/index.html) or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 2/3/09 Signature Katie Falvey  
Print Name Katie Falvey

Date: Feb 3, 08

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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Agenda No. <u>4</u>
ID# <u>12113</u>

PLEASE PRINT NAME CLEARLY

Name NORM FLYNN

Address 555 Osawa Rd  
Madison, W.

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- 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," 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:

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Are you being paid for your representation?  Yes  No

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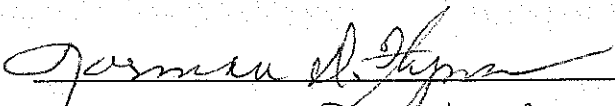
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Date 2/3/09

Signature   
Print Name WORNEN D. FLYNN

Date: 2/3/09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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PLEASE PRINT NAME CLEARLY

Agenda No. <u>4</u>
ID# <u>12113</u>

Name Allen Arntsen

Address 150 E. Gilman  
Madison WI

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

**AND**

Please check the appropriate box:

- Wish to speak
- Do not wish to speak
- Available to answer questions *that you would testify Gumpel*

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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Name, address and telephone number of each person or organization you are representing:

Mouccus

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 3 FEB 09

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT NAME CLEARLY

Agenda No. <u>4</u>
ID# <u>12113</u>

Name CHRISTOPHER THIEL

Address 717 JOHN HALEN DR  
MADISON

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

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

SAA

717 JOHN HALEN DR

Are you being paid for your representation?  Yes  No

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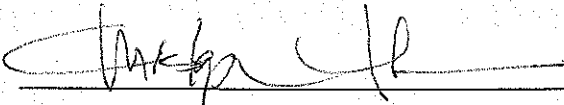
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Date 02/03/09

Signature 

Print Name CHRISTOPHER THRA