

Date: 3/31/2009

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

ID# 11531

PLEASE PRINT CLEARLY

Name Delora Newton

Address 615 E Washington Ave  
Madison 53703

Agenda No. 33  
TIF policy

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 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:  
Greater Madison Chamber of Commerce

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

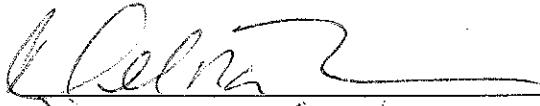
*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

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.
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?

*(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 3/31/2009

Signature   
Print Name Debora Newton

Date: 3-31-09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print ID# 11531

Agenda No. 33

PLEASE PRINT CLEARLY

Name Carole Schaeffer

Address 282 Alpine Meadow Cir  
Oregon WI 53575

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
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(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:

Smart Growth Greater Madison  
701 e wash, madison  
663-2005

Are you being paid for your representation?  Yes  No

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Date 3-31-09

Signature

Print Name

  
\_\_\_\_\_  
Cardie Schaeff