Date: 5/19/09

Registration Statement	Common Council
	* COMMITTEE ()
Please Print 14560	PLEASE PRINT NAME ÇLEARLY
Agenda No. 43	Name Joseph Hexander Address 209 W. Washington #710 Madison, WI 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
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 qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
Madikon, W 53	7(3
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 complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	non Council) 5 minutes 3 minutes 3 minutes

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Are you an ele	ected 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 ou answered "no" to the question, go on to the next question.)
If you are beinthat:	ng 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?
	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 Zala
	Print Name Mach M. Alexander

		Date: _	5/19/09
	CITY OF MAD	ISON	
Registration Statement -	Common Committee	ouncil	
Please Print 145 6 0 Agenda No. 43	PLEASE Name Address	PRINT NAME CLEARLY Mary Wright	
Please check the appropriate box: Support Oppose Neither Support Nor Oppos	AND	Please check the appr Wish to speak Do not wish to spea Available to answer	
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	anization or a person of complete the rest of		
Name, address and telephone number of each	ch person or organiz	ation 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 no question)			
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	g	minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
	wered "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: $\frac{5}{9}$

Registrat	tion Statement	Common Co	uncil
		COMMITTEE	
Please Print	14560	PLEASE	PRINT NAME CLEARLY
		Name	Sall White
Agenda No	13	Address	2708 Lakeland Ave
39 W.	Walnah LL		Madism 53704
Please check the ap	propriate box:		Please check the appropriate box:
Support Oppose Neither S	upport Nor Oppos	AND e	
(If you answered "ne	you representing an orga o, " STOP; you need not t and go on to the next q	complete the rest o	other than yourself: Yes No f this form If you answered "yes," provide the name
Name, address and t		h person or organiza xador (o ·	tion you are representing:
		8-5586	
Are you being paid f	or your representation?		☐ Yes ☐ No
	s part of your other paid o," STOP; you need no		on or organization?
Speaking Limits:	Public Hearing (Com 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?
	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)
If you are t that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date 5	19/09 Signature W. Signature
	Print Name Wm F White

		5	9	09	
Date:	\sim	5 t 4 5	L 1	- }	
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Registration Statement -	Common Co	uncil
Please Print 14560		PRINT NAME CLEARLY
	Name	KENW ODRISCOM
Agenda No.	Address	450 N. BALDHIN
		MADISON 1218270
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppos	AND	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an org. (If you answered "no," STOP; you need no of who you represent and go on to the next. Name, address and telephone number of each	ot complete the rest of question.)	this form. If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes ☐ Yo
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)		n or organization?
	mmon Council)5	
	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	

		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 ar that:	e beir	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	<u>.</u>	Your principal is not permitted to authorize you to lobby unless you are registered 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 he City-County Building, Madison, for more information)
Date	0	Signature Signature
		Print Name KEW (N DDM SCN)

물리 항문 말로 만들는 것은 하는데 흔들었다.		
	CITY OF MAD	ISON
Registration Statement -	Common Co	ouncil
Please Print 14560	PLEASE	PRINT NAME CLEARLY
14560 Agenda No. 43	Name	Jonathan Cooper 2085, Henry St. Madison 53703
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppos	AND se	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next	ot complete the rest	n other than yourself:
Name, address and telephone number of ea	ch person or organiz	ation you are representing:
Are you being paid for your representation	?	☐ Yes ☐ No
Are you appearing as part of your other pai	d duties for this pers	son or organization?

Date: 5/19/09

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

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

question)

Speaking Limits:

	lected 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 you 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
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Room 103 of	o the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information) \[\left[\frac{19}{69} \] Signature \[\text{Signature} \text{\text{Act}} \text{\text{Text}} \]
Date 5	Print Name Sonathon D. Cooper

Date: 5/19/09

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print Agenda No.	14560	Name 13	NT NAME CLEARLY S b Holloway 60 W. Washinston P. Ladison, W1 53703	
Please check the app	ropriate box:		Please check the appropriate box:	
Support Oppose Neither Su	pport Nor Oppos	AND e	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 Who (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 tel	ephone number of each	h person or organization	you are representing:	
			· · · · · · · · · · · · · · · · · · ·	
Are you being paid fo	r your representation?		Yes No	
		duties for this person or t complete the rest of this	organization? Yes No No s form. If you answered "yes," go on to the next	
Speaking Limits:		umon Council) 5 minu 3 minu		

	tre you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental 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 are being that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised			
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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 e City-County Building, Madison, for more information.)			
Date <u>Ma</u>	y 19 2008 Signature Bold Holloway Print Name Bub Helloway			

Date:	5	- 19	-0	50	1	¥.,		
						 _	_	

Registration	on Statement	Common C	ouncil
		COMMITTEE	
Please Print	4560	PLEASE	PRINT NAME CLEARLY
		Name (Jeonar R Lewis
Agenda No. 43		Address	70000 R Lewis 360 W. Washington Ave P110
			52773
Please check the app	ropriate box:		Please check the appropriate box:
☐ Support			Wish to speak
Oppose		AND	☐ Do not wish to speak ☐ Available to answer questions
Neither Su	pport Nor Oppose		Available to allower questions
(If you answered "no, of who you represent o	and go on to the next que	complete the rest estion)	n other than yourself: \(\sum \) Yes \(\sum \) No of this form. If you answered "yes," provide the name ration you are representing:
Are you being paid for	r your representation?		☐ Yes ☐No
	part of your other paid d " STOP; you need not d		son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Comn Information Hearing Other Items		3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	Print Name

Date: 5 19 09

Registration Stateme	ent - <u>Common Co</u>	uncil
Please Print 14560	PLEASE I	PRINT NAME CLEARLY
Agenda No. 4/3	Name /	01H+1-15Kg
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor C	AND ppose	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing (If you answered "no," STOP; you no f who you represent and go on to the	need not complete the rest o	other than yourself: Yes No You answered "yes," provide the name
Name, address and telephone number	r of each person or organiza	tion you are representing:
Are you being paid for your represen	ıtation?	☐ Yes ∠ No
Are you appearing as part of your oth (If you answered "no," STOP; you requestion)		on or organization? Yes No f this form If you answered "yes," go on to the next
Information I	ng (Common Council) 5 Hearing 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.)
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Room 103 of	to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature Signature
	Print Name OCLIFF Fishel

Date:	5-19-09	Î	:

Registration	on Statement -	Common Council		
Please Print	4560	PLEASE PRINT CLEARLY		
Agenda No. 43		Name ROSEMARY Address III W WISO MADISON 5.	LZE N #02 3703	
Please check the appro Support Oppose Neither Sup	priate boxes: oport Nor Oppos	Available	peak ish to speak to answer ques	tions
(If you answered "no," of who you represent a	" STOP; you need no and go on to the next o	anization or a person other than yourself: of complete the rest of this form. If you ar question) ch person or organization you are represe	nswered "yes,"	provide the name
			· · · · · · · · · · · · · · · · · · ·	· ·
Are you being paid for	your representation?	•	☐ Yes	□No
Are you appearing as p (If you answered "no, question)	part of your other paid "STOP; you need no	d duties for this person or organization? ot complete the rest of this form. If you a	☐ Yes inswered "yes,"	☐ No ' go on to the next
Speaking Limits:	Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes		

		elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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(Plea Room	se go : 103 oj	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information)
Date		Signature
		Print Name

	Date:
	CITY OF MADISON
Registration Statement	Common Council
Please Print 14560	PLEASE PRINT NAME CLEARLY
Agenda No. 43	Name Adam Winkler Address 1626 Forden Are, #103
	Madison, WI 53714
Please check the appropriate box: Support Oppose Neither Support Nor Oppose	Please check the appropriate box: Wish to speak Do not wish to speak Available to answer questions e
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 of this form. If you answered "yes," provide the name
Name, address and telephone number of each Alexander Company	h person or organization you are representing:
145 E Badge Rd., Ste 200 Madison, WI 53713	
Are you being paid for your representation? Are you appearing as part of your other paid	∑(Yes □ No
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

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Date <u>5</u> /	19/09 Signature # 19/10
	Print Name Actan Win Kler