Date: 6-2-09

Registration	on Statement	- Common Council		
		COMMITTEE		
Please Print				
			PRINT NAME CLEARLY	
		Name	JOHN & MARHOEFE	
Agenda No.		Address _	4596 FULF PR	
ID#14	716		ninoson ni s 1597	
Dlogg short the				
Please check the appr	opriate box:		Please check the appropriate box:	
Support		AND	Wish to speak	
Oppose		AND	☐ Do not wish to speak☐ Available to answer questions	
Neither Sup	port Nor Oppose			
At this meeting are you	representing an orga	nization or a persor	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 a	na go on to the next q	uesnon)		
Name, address and tele	phone number of eacl	n person or organiz	ation you are representing:	
Are you being paid for	your representation?		☐ Yes 🔀 No	
Are you appearing as p	art of your other paid	duties for this pers	on or organization?	
(If you answered "no," question)	' STOP; you need not	complete the rest	of this form. If you answered "yes," go on to the next	
Speaking Limits:	Public Hearing (Com	mon Council)5	minutes	
	Information Hearing		minutes	
	Other Items		minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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)
If you are b that:	being 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 of the City-County Building, Madison, for more information.)
Date	Signature
	data di la companya di Aria da Print Name

Date: Jun 02,2009

Registrat	ion Statement -	COMMITTEE
Please Print		
1 tousof Fitte		PLEASE PRINT CLEARLY
		Name Richard Mayor
Agenda No. 40	171/2	Name Richard Meyer Address 35 Sherman tarrece #2 Med:5en
		Med:5en
Please check the app	ropriate boxes:	
Support		and Wish to speak
Oppose Neither St	ipport Nor Oppos	Do not wish to speak Available to answer questions
(If you answered "no	o," STOP; you need no	nization or a person other than yourself: Yes No t complete the rest of this form. If you answered "yes," provide the name
of who you represent	t and go on to the next q	ruestion)
Name, address and to	elephone number of eac	h person or organization you are representing:
Are you being paid f	or your representation?	☐ Yes ☐ No
(If you answered "no	s part of your other paid o," STOP ; you need no	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next
question)		
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes
	Othor Itolia and an	The state of the s

		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:	are be	sing 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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	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: 06/02/09

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Robert Schneiker
Agenda No. 40	Address 33 Sherman Terrace #5
	Midison WI 53704
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppose	
of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," 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.)	duties for this person or organization? Yes No t 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

	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 I that:	being 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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	CITY OF MADISC)N	
Registration Statement	Common Cour	<u>ıcil</u>	
Please Print			
	PLEASE PR	INT NAME CLEAF	ST A
	Name	Lorvaine	(CONLIDON
Agenda No.	Address	14 Sherma	n Tev
		Madisor	
Please check the appropriate box:	1)	ropriate box:
Support	# 40) —	
Oppose L			k questions
☐ Neither Support Nor Oppose		tranto	
At this meeting are you representing an organ	iza > NOS	Die	es 🛛 No
(If you answered "no," STOP; you need not of who you represent and go on to the next qu	con ()	phort	es," provide the name
	m > 4	I him	
Name, address and telephone number of each	per mat	William)	
		rako	
	TO 3	strants sport wishing seaks	
Are you being paid for your representation?			☐ Yes ☐ No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question)	duties for this person o complete the rest of th	r organization? is form If you answer	☐ Yes ☐ No red "yes," go on to the next
Speaking Limits: Public Hearing (Comr Information Hearing Other Items		utes	

Are you an elother governr	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 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
	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:	10	2	09	

Registration Statement	Common (Council
Please Print		
	PLEAS	E PRINT NAME CLEARLY
	Name	Rose Sunth
Agenda No.	Address	Rose Smith 32 Shermon Ter#3
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	AND	Wish to speakDo 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 que Name, address and telephone number of each	complete the resuestion)	t of this form If you answered "yes," 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 not question)	duties for this per complete the res	rson or organization?
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	isa da masasan mensasa sa sa sa menganan an	3 minutes

Are you an other gover	n elected official or employ rnmental body?	ee who is appear	ing solely on behalf of your office or for your municipality or Yes No			
	wered "yes" to the questic If you answered "no" to th		ed not complete the rest of this form, except that you must sign to the next question)			
If you are that:	being paid for your repre	sentation, or if yo	our appearance is part of other paid duties, please be advised			
1.	Before you engage in with the City Clerk.	lobbying as a lol	obyist, you or your principal must file an authorization			
2	Your principal is not City Clerk	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3 .		ne principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the			
	o to the City Clerk's wel of the City-County Buildin		nadison.com/clerk/index.html or go to the Clerk's Office at nore information.)			
Date	6/2/09	Signature	Rose M. Smith			
		Print Name	KOSE MI JUNIO			

Date: June 2 2007

Registration Statement	Common Cor	uncil
	COMMITTEE	
Please Print	PLEASE PRI	INT CLEARLY
47)		Nathan Brelstord
Agenda No.		25 Sherman Ter#4
		Madison WI 53704
Please check the appropriate boxes:		
Support Oppose	anc	Do not wish to speak
Neither Support Nor Oppose		Available to answer questions
Name, address and telephone number of each Sherman Terrace Con	uestion) n person or organizat do Associ	
25 Sherman Terr	ace	
Madison WE 537	304	244-7171
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 persor complete the rest of	n or organization?
Speaking Limits: Public Hearing (Com- Information Hearing Other Items		minutes

		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 that:	are b	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?
(Pleas Room	e go : 103 oj	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: 6 - 2 - 09

Registration Statement -	Common Co	ouncil		
	COMMITTEE			
Please Print	PLEASE PI	RINT CLEARLY		
	Name	GARY	GILA	MAN
Agenda No.	Address	GARY 14 5HS	ERMAN	TERR. #4
		MAD1501	N 5	3704
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppos		nd Wish to sp Do not wi Available		ions
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 o	other than yourself: of this form. If you an		No provide the name
Name, address and telephone number of eac	h person or organiza	ation you are represen	nting:	
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)			☐ Yes nswered "yes,"	☐ No go on to the next
Speaking Limits: Public Hearing (Corr Information Hearing Other Items		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 that:	ı are be	ng 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 he City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: 1082, 2009

Registration Statement	- Common Council		
	COMMITTEE		
Please Print	PLEASE PRINT NAME CLEARLY		
	■		
Agenda No. 40	Name BARBARA MAZZON		
Agenta ito.	Address 18 SHEEWN TERRACE, 43		
	Maoism, W1 53704		
Please check the appropriate box: Please check the appropriate box:			
Support	☐ Wish to speak IF NECESSACY		
Oppose	AND Do not wish to speak		
Neither Support Nor Oppo	Available to answer questions		
of who you represent and go on to the nex	ach person or organization you are representing:		
SHERWAN TERRAP & COMO	MER 1792 DENT		
Are you being paid for your representation	n? ☐ Yes ➢☐ No		
Are you appearing as part of your other pa (If you answered "no," STOP; you need question)	aid duties for this person or organization? Yes No not complete the rest of this form If you answered "yes," go on to the next		
Information Heari	ommon Council) 5 minutes ng		

Are you an el other governr	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 are be that:	sing 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