	Date: / 8 /08
CITY OF MADISON	

Registration Sta	tement - Common Council
Please Print 08172	
110000 111110	PLEASE PRINT NAME CLEARLY
Agenda No 8	Name Gloria Swayzer Address 7387W Mineral Pt.Rd. Verona, Wi. 53593
Please check the appropriate	box: Please check the appropriate box:
Support Oppose Neither Support N	AND Do not wish to speak Available to answer questions
At this meeting are you represent (If you answered "no," STOP ; of who you represent and go on	nting an organization or a person other than yourself: Yes No you need not complete the rest of this form If you answered "yes," provide the name to the next question)
Name, address and telephone nu	umber of each person or organization you are representing:
Are you being paid for your rep	resentation?
	ur other paid duties for this person or organization? Yes No you need not complete the rest of this form. If you answered "yes," go on to the next
	Hearing (Common Council) 5 minutes tion Hearing 3 minutes

REGISTRATION STATEMENT - PAGE 2

	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 fyou answered "no" to the question, go on to the next question)
If you are 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

Date: 1	18	108	3	
	t		445 3	(street

CITY OF MADISON

Registration Statement -	Common Council COMMITTEE
Please Print 08172 Agenda No.	PLEASE PRINT CLEARLY Name Ron Wachtuber Address 33 E. Main# 500
Please check the appropriate boxes:	
	anization or a person other than yourself: Yes No of complete the rest of this form If you answered "yes," provide the name
	on person or organization you are representing: Weltows LC
Are you being paid for your representation?	y Pes □ No
Are you appearing as part of your other paid (If you answered "no," STOP ; you need no question)	d duties for this person or organization? Yes No of complete the rest of this form. If you answered "yes," go on to the next
	nmon Council) 5 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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.)
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Date	11807 Signature Pull Naw Signature
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	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print 08172	PLEASE PRINT NAME CLEARLY
Agenda No. <u>18 +76</u>	Name <u>Crarq</u> Enzenroth Address 8500 Greenway Blud Mrddleton, WI 53575
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppos At this meeting are you representing an orga	,
If you answered "no," STOP; you need no If who you represent and go on to the next o	t complete the rest of this form. If you answered "yes," provide the name question.)
	h person or organization you are representing:
West Madison Hold	mys, LLC
West Madrson Hold 8500 Greenway Blo Mrddleton, WI	<u>d</u>
Are you being paid for your representation?	X Yes No
Are you appearing as part of your other paid of you answered "no," STOP ; you need no uestion)	duties for this person or organization? Yes No to the complete the rest of this form If you answered "yes," go on to the next
	nmon Council) 5 minutes 3 minutes

Date: 1/8/08

REGISTRATION STATEMENT - PAGE 2

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Date 1/2	Signature Print Name Crarq Enzerroth