

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

Agenda No. 16

Name RON TRACHTENBERG, Esq.
Address 2 E. Muffler #80

Please check the appropriate boxes:

Support
 Wish to speak
 Do not wish to speak
 Available to answer questions

Oppose
 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
Earl Midson / Mike Johnson - Owners

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 5 minutes
Information Hearing 5 minutes
Other Items 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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, do you understand that:

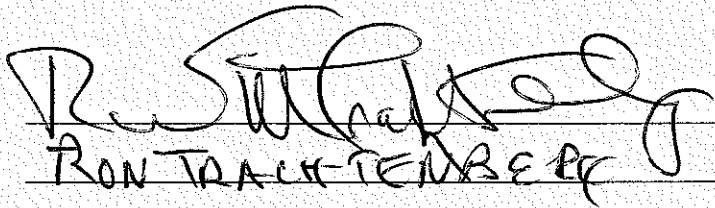
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date

2/22/05

Signature



Print Name

RON TRAUTWEIN

City of Madison Registration Statement - Common Council

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Agenda No. <u>16</u>

Name Sheridan Eken
 Address 614 W. Doty
Madison WI 53703

Please check the appropriate boxes:

Support
 Wish to speak
 Do not wish to speak
 Available to answer questions

Oppose
 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," go on to the next question.)

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

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
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 Information Hearing 5 minutes
 Other Items 3 minutes

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Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

00031

Date: 2-22-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

Agenda No. <u>16 + 25</u>

Name Sonya Newenhouse
 Address 1425 Rutledge
Madison, WI 53703

Please check the appropriate boxes:

16, 25
X

Support

- Wish to speak
- Do not wish to speak
- Available to answer questions

Oppose

- 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," go on to the next question.)

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

For item # 16 I am representing Great Dane
Development.

Are you being paid for your representation?

for item # 16 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 5 minutes
 Information Hearing 5 minutes
 Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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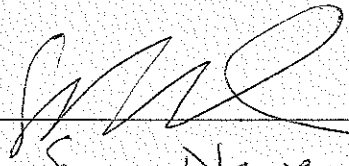
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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 2-22-05

Signature



Print Name

Sonya Newenhouse

City of Madison Registration Statement - Common Council

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Agenda No. <u>16</u>

Name IAN KLUND
 Address 420 W WILSON ST L-0
MADISON WI 53703

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- 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," go on to the next question.)

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

Are you being paid for your representation? Yes No

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Date _____

Signature _____

Print Name _____

City of Madison Registration Statement - Common Council

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Please Print

Agenda No. <u>16</u>

Name KARL MADSEN
 Address 3436 SUNSET DR
MADISON, WI 53705

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- 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," go on to the next question.)

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

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.)

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Date _____

Signature _____

Print Name _____

City of Madison Registration Statement - Common Council

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Please Print

Agenda No. <u>16</u>

Name J. RANDY BRUCE

Address _____

Please check the appropriate boxes:

Support

Wish to speak

Do not wish to speak

Available to answer questions

Oppose

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," go on to the next question.)

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

MIKE FISHER & KAPL MADSEN

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
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Speaking Limits:	Public Hearing	5 minutes
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Date 2/22/05

Signature J. Randy Bruce
Print Name J. Randy Bruce

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

Agenda No. 16. 00031
Demolishing homes +
building 12 stories on Gorham

Name Redell Zeller
Address 510 N Carroll

is not extraordinary design

Please check the appropriate boxes:

- Support**
- Wish to speak
- Do not wish to speak
- Available to answer questions

- Oppose**
- Wish to speak
- Do not wish to speak
- Available to answer questions

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Date _____ Signature _____
Print Name _____

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Agenda No. <u>16</u>

Name JIM SKRENTNY

Address 305 1/2 W. JOHNSON ST.

Please check the appropriate boxes:

- Support**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

- Oppose**
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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

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

CNI CAPITAL CENTRE DISTRICT

409 W. GORHAM STEERING COMM.

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.)

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