

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name Sue Hoffenberg
Address 512 West Shore Drive
Madison, WI 53715

Date 4/22/14
Item _____

- Support
 Oppose
 Neither Support or 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" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)

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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, 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
2. Your principal is not permitted to authorize you to lobby unless the principal is 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 remaining quarters of the calendar year.

(Please go the City Clerk's website www.cityofmadison.com/clerk/index.html, 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 _____ Signature _____
Print Name _____

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name JULIA KERZ
Address 1620 MADISON ST

Date 4/21/14
Item #3

- Support
- Oppose
- Neither Support or 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?
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.) Yes No

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Registration Statement - Page 2

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Date _____ Signature _____
Print Name _____

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name Lynn Ptman
Address 2254 Fox Ave

Date 4/22/2014
Item _____

- Support**
 Oppose
 Neither Support or 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:
DMNA zoning committee

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" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)

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Registration Statement - Page 2

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Print Name _____

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CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name T J MERTZ
Address 1210 GILSON ST
MADISON, WI 53715

Date 4/22/2014
Item 3

- Support**
- Oppose**
- Neither Support or 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? 1. Support ZACH MADDEN Yes No

Are you appearing as part of your other paid duties for this person or organization? 2. Don't think desire to Yes No
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)
STAND DISQUALIFY

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Registration Statement - Page 2

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Print Name _____