

Date: 1/5/10

# 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

PLEASE PRINT NAME CLEARLY

Agenda No. <u>H 2</u>
<u>16442</u>

Name DONALD SCHROEDER

Address KNOTHE & BRUCE ARCH.  
MIDDLETON, WI

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 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," provide the name of who you represent and go on to the next question)

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

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

(SEE BACK)

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, please be advised 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 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?

(Please go to the City Clerk's website [www.cityofmadison.com/clerk/index.html](http://www.cityofmadison.com/clerk/index.html) or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 1/5/10

Signature 

Print Name DONALD A. SCHROEDER

Date: JAN 5, 2010

# 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

PLEASE PRINT NAME CLEARLY

Agenda No. 2

Name JACK MULVOY  
Address 1006 STONEBRIAR DR  
VERONA WI 53593

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 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," provide the name of who you represent and go on to the next question.)

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

HAEN REAL ESTATE  
9 MAWICS LANDING CIR  
VERONA WI 53593

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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Information Hearing ... 3 minutes  
Other Items ... 3 minutes

(SEE BACK)

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

**CITY OF MADISON**

**Registration Statement - Common Council**

COMMITTEE

Please Print

**PLEASE PRINT CLEARLY**

Agenda No. <u>2</u>
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Name JANE NORDBY

Address 1209 Maplecrest Dr.

Please check the appropriate boxes:

- 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 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," provide the name of who you represent and go on to the next question.)

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_