

Date: 10/19/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

04156  
4

Agenda No. \_\_\_\_\_

Name Patrick McCaughey

Address 914 West Shore Drive  
Madison WI

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:

SELF (CAPITOL BOSSETT, LLC)

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

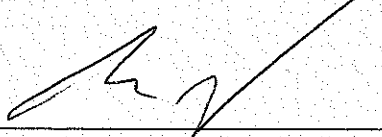
(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

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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.
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(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 10/15/08

Signature 

Print Name Patrick McCaughey

← LAST ON ITEM  
PLEASE

Date: 10-17-06

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

Agenda No. 19 ← 4  
04156

PLEASE PRINT CLEARLY

Name Ron TRACHTENBERG  
Address 2 East Mifflin St #800  
Madison WI

Please check the appropriate boxes:

- Support - Adoption of Project
- 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:  
Pat McCaughey / McCaughey Properties LNC

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

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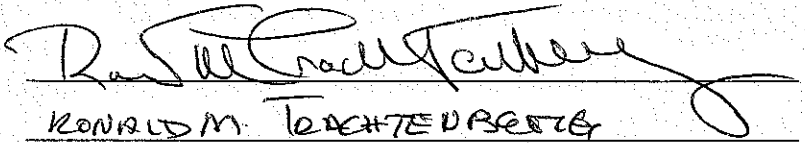
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Date 10/17/06

Signature   
Print Name RONALD M. TEICHERT

Date: 10-17-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04152

PLEASE PRINT CLEARLY

Name ROSEMARY LEE

Address 111 W. WILSON ST #108

MADISON 53703

Agenda No. 4

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak LAST PLEASE
  - 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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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.)*

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

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

**CITY OF MADISON**

**Registration Statement - Common Council**

COMMITTEE

Please Print

04156

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Name

Robert Keller

Address

7310 Longmeadow Rd.

Agenda No.

4

Please check the appropriate boxes:

**Support**

and

Wish to speak

**Oppose**

Do not wish to speak

**Neither Support Nor Oppose**

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:

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**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 10.17.06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04156

PLEASE PRINT CLEARLY

Name GARY BRINK

Address 8401 EXCELSIOR DR.

MADISON, WI 53717

Agenda No. #4

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:

PAT McCaughey

CAPITOL BASSETT LLC.

257-8457

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

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REGISTRATION STATEMENT - PAGE 2

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Date 10-17-06

Signature



Print Name

GARY P. BRINK