Date: 6/28/07

#### City of Madison Registration Statement – Madison Election Advisory Committee

Please Print					
Agenda No		Name	1,m G/	u6er	
Please check the app	propriate boxes:			•	
Availab  At this meeting are	speak wish to speak le to answer questions you representing an organiz to, " STOP; you need not co	eation or a person of omplete the rest of the	her than yourself:	h to speak o answer questions Yes	No
	telephone number of each p	-	1	S	
Are you being paid	for your representation?			ŬYes □	No
	as part of your other paid du to," <b>STOP;</b> you need not co				No n to the next
Speaking Limits:	Public Hearing Information Hearing	5 mi	nutes		

Are you governn		ected official who is appearing solely on behalf of your office or for your municipality or other body?
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question)
If you a that:	re bein	g paid for your representation, or if your appearance is part of other paid duties, do you understand
	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?
	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?
(If you d Office a	answere t Room	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information)
Date	6/	28/07 Signature Tin Gnl Print Name Tin Gruber

Date: 6/2807

#### City of Madison Registration Statement – Madison Election Advisory Committee

Please Print		<u> </u>			
Agenda No		Name	Brender SUE Mud	Kon	kel
Please check the app	propriate boxes:				
	speak wish to speak le to answer questions	X	Oppose Wish to spea Do not wish Available to		ons
	you tepresenting an organize, " <b>STOP;</b> you need not co				No go on to the nex
Name, address and t	relephone number of each p	erson or organizatio	n you are represent	ing:	
Are you being paid	for your representation?			Yes	☐ No
	s part of your other paid du to," <b>STOP;</b> you need not co			☐ Yes wered "yes," {	☐ No go on to the nex
Speaking Limits:	Public Hearing Information Hearing Other Items	5 mir	nutes		

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
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Date	Signature
	Print Name

Date:	

## City of Madison Registration Statement – Madison Election Advisory Committee

Please Print					
Agenda No.			LINE HABE		
Please check the app	ropriate boxes:				
At this meeting are y	speak vish to speak e to answer questions ou representing an organize o, "STOP; you need not co	ation or a person of	Oppose  Wish to speak Do not wish to see Available to answer	swer questions  Yes No	noyt
Name, address and te	elephone number of each po	erson or organizatio			
	·				
Are you being paid for	or your representation?		[	Yes No	
	s part of your other paid dut o, " STOP; you need not co				next
Speaking Limits:	Public Hearing Information Hearing	5 mi	nutes		

Are you an e governmental	ected official who is appearing solely on behalf of your office or for your municipality or other body?
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Date	Signature
	Print Name

Date: 6-28-07

## City of Madison Registration Statement – Madison Election Advisory Committee

Please Print					
Agenda No		Address (()	DISON	LEE	
Availabl  At this meeting are y	•			o speak .nswer ques Yes	1000
Name, address and to	elephone number of each po	erson or organization	you are representing	g:	
Are you being paid f	or your representation?		·	☐ Yes	□No
Are you appearing as	s part of your other paid du			 ☐ Yes	_ □ No
Speaking Limits:	Public Hearing Information Hearing	5 minu	ites		

Are you ai governmen	elected official who is appearing solely on behalf of your office or for your municipality or other tal body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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Date	Signature
	Print Name

Date: 6/28/2007

# City of Madison Registration Statement – Madison Election Advisory Committee

Please Print				
Agenda No	06493	Name Rolf Address 602 5 Madis	Rodetell Mornton on WI	d Ave 6370
Please check the ap	propriate boxes:			
At this meeting are (If you answered "raquestion)	wish to speak to answer questions you representing an organiz o, "STOP; you need not co	Oppos  Wisl  Do r  Availation or a person other than you omplete the rest of this form. If you are re-	n to speak not wish to speak ilable to answer quest urself:	
			<u>.</u>	
Are you being paid	for your representation?		Yes	No
Are you appearing a (If you answered "n question)	as part of your other paid du no, " <b>STOP;</b> you need not co	ties for this person or organization of this form. If y	on? Yes	No go on to the next
Speaking Limits:		5 minutes 5 minutes		

Are you a governme	elected official who is appearing solely on behalf of your office or for your municipality or other tal body?
	wered "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign 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 – Madison Election Advisory Committee

Please Print			Λ.,	<b>A</b>		
Agenda No		Name /	42D.ZA	21) P	RAW	<u></u>
Please check the app	ropriate boxes:					
Support Wish to s Do not w Available	speak vish to speak e to answer questions		Oppose Wish to specific Do not wis Available t		stions	
(If you answered "no question)	ou representing an organize, "STOP; you need not co	omplete the rest o	f this form. If you an	swered "yes,'		ct
Name, address and to	elephone number of each p	erson or organiza	tion you are represen	ting:		
<u> </u>						_
Are you being paid for	or your representation?			Yes	☐ No	
	s part of your other paid du o, " STOP; you need not co				No go on to the ne	ct
Speaking Limits:	Public Hearing Information Hearing Other Items		minutes			

		elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
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Date _	****	Signature
		Print Name

Date: 6/28/07

## City of Madison Registration Statement – Madison Election Advisory Committee

Please Print				$\sim$	
Agenda No		Name	Michael C 533 W.M.	Wiets-	7
		_	March,	Jon S	3703
Please check the appr	opriate boxes:				
Available	ish to speak to answer questions		Available	sh to speak to answer ques	0 ^
At this meeting are yo (If you answered "no question)	ou representing an organization, "STOP; you need not co	ation or a person mplete the rest	n other than yourself: of this form. If you ar	∐ Yes nswered "yes,"	X No go on to the next
Name, address and te	lephone number of each pe	erson or organiz	ation you are represe	nting:	
iiii					
Are you being paid fo	or your representation?			Yes	☐ No
	part of your other paid dut," STOP; you need not co				No go on to the next
Speaking Limits:	Public Hearing Information Hearing				

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
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