Date: 8 7 07

City of Madison Registration Statement - Common Council

Please Print	PRINT NAME CLEARLY
Agenda No. <u>52</u> 06967	Name Sheel Capter Address 3009 Ashford Ln MASN W 53713
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 or (If you answered "no," STOP; you need no question)	ganization or a person other than yourself: Yes No not complete the rest of this form If you answered "yes," go on to the next
Name, address and telephone number of each the helpful to the help	nch person or organization you are representing: NOV WOOD ASSOCIATION. NHOW HAVE AMARIAN.
Are you being paid for your representation	ı? ☐ Yes ☐ No
Are you appearing as part of your other pa (If you answered "no," STOP; you need to question)	id duties for this person or organization? Yes You on to the next of this form. If you answered "yes," go on to the next.
Speaking Limits: Public Hearing Information Hearing	5 minutes 5 minutes

Are you an e governmental	lected official who is appearing solely on behalf of your office or for your municipality or other body?
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are beinthat:	ng 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?
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?
	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information)
Date	1707 Signature
	Print Name SHERI CARIER

Date: 8/07/07

City of Madison Registration Statement - Common Council

Please Print	PRINT NAME CLEARLY
Agenda No. 52	Name Michael Lawton Address 740 Regent Street
	Address 740 Regent Street Marine W
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
(If you answered "no," STOP; you need n question)	ganization or a person other than yourself: X Yes No ot complete the rest of this form If you answered "yes," go on to the next
	ch person or organization you are representing:
Arbor wate Develop	ment LLC e Dhy
3001 West Belt line	C. Dw
	276-0238
Are you being paid for your representation	?
Are you appearing as part of your other pa (If you answered "no," STOP; you need no question)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing Information Hearin Other Items	

Are you an el governmental l	lected official who is appearing solely on behalf of your office or for your municipality or other body?
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question)
f you are beir hat:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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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 answer Office at Roon	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information)
Date	Non Signature Mallaulen Print Name Michael Laulen

Date: 8-7-2-007

City of Madison Registration Statement - Common Council

Please Print		PRINT NAME CLEARLY
~2		Name TOYCE LANDMARC Address 29/3 NOTTINGHAM WAY
Agenda No. 06	967	Address 29/3 NOTTINGHAM WAY
		MADISON, WI. 537/3
Please check the app	propriate boxes:	
Support		Oppose
☐ Wish to	speak	Wish to speak
Do not v	vish to speak	Do not wish to speak
Availabl	e to answer questions	Available to answer questions
question) Name, address and t	elephone number of each pe	erson or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
Are you appearing a (If you answered "n question)	us part of your other paid du no," STOP; you need not co	ties for this person or organization? Yes No mplete the rest of this form If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing	5 minutes
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	Other Items	

Are you a governmer	n elected official who is appearing solely on behalf of your office or for your municipality or other tal body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, do you understand
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	wered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's com 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 6/7.07

City of Madison Registration Statement - Common Council

Please Print		PRINT N CAMPROSE	AME CLI	EARLY
Agenda No. 52 C) 696) Addi	CAMPIOSE Mark Lo ess 2913 209	un Ima Tingha	e M n way
Please check the appropriat	e boxes:			
(If you answered "no," ST question)	[1] 春秋	Available person other than yourself rest of this form If you a	ish to speak to answer ques Yes mswered "yes,"	□No
Are you being paid for you	r representation?		☐ Yes	⊠ No
Are you appearing as part of (If you answered "no," ST question)	of your other paid duties for thic of you need not complete the	s person or organization? erest of this form. If you a	Yes Yes wered "yes,	
Info	olic Hearing Ormation Hearing Her Items	5 minutes		

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
	vered "yes" to the question, STOP. 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: 8/7/07

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print	06967	PRINT NAME CLE	
		Name SEAN BAXTER Address 714 ONE DA PLACE	
Agenda No. 52		Address 714 ONEIDA PLACE	
		MADISON 53711	
Please check the app	oropriate boxes:		
X Support		Oppose	
/ \ Wish to		☐ Wish to speak	
	vish to speak e to answer questions	☐ Do not wish to speak ☐ Ayailable to answer ques	tions
At this meeting are y (If you answered "n question)	you representing an organiz o," STOP; you need not co	ation or a person other than yourself: Yes omplete the rest of this form If you answered "yes,"	No go on to the next
Name, address and t	elephone number of each p	erson or organization you are representing:	
Are you being paid	for your representation?	☐ Yes	No
Are you appearing a (If you answered "n question)	is part of your other paid du no," STOP; you need not co	☐ Yes ties for this person or organization? ☐ Yes omplete the rest of this form If you answered "yes,"	No go on to the nex

3 minutes

Other Items.....

Are you governn	and a few terms	ected official who is appearing solely on behalf of your office or for your municipality or other cody?
		ed "yes" to the question, STOP. 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	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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	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	answer It Room	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information)
Date	8/	1/2/0.7 Signature Dayt Print Name Sean Bartel
		and the state of the Print Name of the Area of Parter State of the Sta

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City of Madison Registration Statement - Common Council

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	Agenda No.	SZ Name Addres	, 30	PADLEY TO OI OW MISON	BELTL	? WE HU 53713				
J	Please check the appropria	ite boxes:								
	(If you answered "no," SI question)	speak	est of this	than yourself: form If you an	h to speak o answer ques Pes swered "yes,"	□No				
	11/1/J 300	1 W. BEITUN		SUTE	200)_					
	Are you being paid for you	DISDA WT_ ur representation?	5	3713	√ PYes	□No				
	Are you appearing as part (If you answered "no," ST question)	of your other paid duties for this TOP ; you need not complete the r	person or est of thi	organization? s form. If you an	Res swered "yes,'	☐ No " go on to the next				
	Inf	ıblic Hearing formation Hearing ther Items	5 minu 5 minu 3 minu	ıtes						

. 11 344 . 1. 1. 1.	ou an e imental	elected official who is appearing solely on behalf of your office or for your municipality or other body?
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	2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? \(\sum \text{Yes} \text{No}\)
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Date _	8-	-707 Signature all Marketine
		Print Name BNDVEY & HUTTER

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.,	2115	_ "			100	The street of	1000	**	

City of Madison Registration Statement - Common Council

Please Print			PRINT NAM	ME CLE	ARLY
Agenda No. <u>5</u> 2	06967	Name Address	BILL MAN 3021 PO 5371	st Ro	X
Please check the appr	opriate boxes:				
At this meeting are yo		cation or a persor	Oppose Wish to speak Do not wish to Available to a other than yourself: of this form. If you answ	o speak inswer quest Yes	□ No
Name, address and te Augon Hi	lephone number of each p	erson or organiz	ation you are representing	g:	
Are you being paid fo	or your representation?			☐ Yes	No
Are you appearing as (If you answered "no question)	s part of your other paid du o," STOP; you need not co	uties for this pers complete the rest	on or organization? of this form If you answ	Yes ered "yes,"	☑ No go on to the next
Speaking Limits:	Public Hearing Information Hearing		minutes minutes		

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

Date:		8-7	-0	7	i

City of Madison Registration Statement - Common Council

Please Print		P	RINT NAME C	LEARLY
Agenda No. 52, 0	36967	Address ろうこし	y Jo mank Post Rd ison, ws 537	
Please check the approp	oriate boxes:			
Support Wish to spe Do not wish Available to	ak	ion or a person other th		es No
	phone number of each per			
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Are you being paid for	your representation?		Ye	es 🗹 Ño
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Date	Signature
	Print Name