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| Date: | 9/ | 4/57 | 7 4 17 13 N 44 5 | |
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CITY OF MADISON

| Registra | tion Statement - | Common C | <u>ouncil</u> | | |
|---------------------|--|----------------|--|---------|--------|
| | | COMMITTEE | | | |
| Please Print | | | RINT CLEARLY | | |
| | | Name | MICHAGE JAGS | ß | |
| Agenda No. | 155 | Address | 410 Russeel | 5r | |
| | | | MICHAGE JACO 410 RUSSELL MADISM | 53704 | |
| Please check the ap | propriate boxes: | | | | |
| ☐ Support | | a | nd 🗹 Wish to speak | | |
| X Oppose | | | Do not wish to s | | |
| | Support Nor Oppos | e | Available to ans | wer que | stions |
| | nt and go on to the next quest question to the next question to the next question of eac | | ation you are representing: | | |
| | | | | | |
| Are you being paid | for your representation? | | | Yes | □No |
| | | | on or organization? [of this form. If you answere | | |
| Speaking Limits: | Public Hearing (Com | ımon Council)5 | minutes | | |
| | Information Hearing | | minutes | | |
| | Other Items | | minutes | | |

REGISTRATION STATEMENT - PAGE 2

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No |
|-----------------------|--|
| | 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.) |
| If you are b that: | eing paid for your representation, or if your appearance is part of other paid duties, please be advised |
| 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? |
| | to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

| Date: | 4.5 | | | |
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| cour. | | · | | |

City of Madison Registration Statement - Common Council

| Please Print | PRINT NAME CLEARLY |
|---|---|
| Agenda No. | Name Rolf Rodefold Address 602 5 Thorn ton Ave Madison WI 5370 |
| Please check the appropriate boxes: | |
| question) | Oppose Wish to speak Do not wish to speak Available to answer questions Anization or a person other than yourself: Yes You complete the rest of this form If you answered "yes," go on to the next ch person or organization you are representing: |
| | |
| | |
| Are you being paid for your representation | ? ☐ Yes ☐ No |
| Are you appearing as part of your other pair (If you answered "no," STOP; you need n question.) | d duties for this person or organization? Yes No ot 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 governmenta | elected official who is appearing solely on behalf of your office or for your municipality or other al body? |
|------------------------|--|
| | ered "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) |
| If you are be that: | eing 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? \(\sum \text{Yes} \sum \text{No}\) |
| 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? |
| 100 | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

Date: $\frac{G}{4}/\frac{1}{6}$

CITY OF MADISON

| Registration Statement | Common Council |
|--|---|
| Please Print | PLEASE PRINT CLEARLY |
| Agenda No | Name Mike Quieto Address 533 W. Main #108 Madison 53703 |
| Please check the appropriate boxes: | Madison 53703 |
| Support Oppose Neither Support Nor Oppose | and Wish to speak Do not wish to speak Available to answer questions |
| (If you answered "no," STOP ; you need not of who you represent and go on to the next q | |
| Name, address and telephone number of each Societal Fel of Lalor, | h person or organization you are representing: 1607 SPark 54 |
| AFSCME #60, 1602 | s. Park St. |
| Are you being paid for your representation? | ☐ Yes 上文lo |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need not question) | duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next |
| Information Hearing | nmon Council)5 minutes 3 minutes 3 minutes |

REGISTRATION STATEMENT - PAGE 2

| | lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? |
|-----------------------|--|
| 3.4 | red "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 be hat: | ing paid for your representation, or if your appearance is part of other paid duties, please be advised |
| 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? |
| | o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

Date: Sept 4, 2007

City of Madison Registration Statement - Common Council

| Please Print | | PRINT NAME CLEARLY |
|--|---|--|
| Agenda No. 165 | Political Achides | Name SUZAN STODDER Address 3210 BLUFF #2 MADISON WI 53765 |
| Please check the app | ropriate boxes: | |
| At this meeting are y (If you answered "no question) | vish to speak e to answer questions you representing an organ o, " STOP; you need not | Oppose Wish to speak □ Do not wish to speak □ Available to answer questions ization or a person other than yourself: □ Yes ☑ No complete the rest of this form. If you answered "yes," go on to the next person or organization you are representing: |
| | | |
| Are you being paid t | for your representation? | ☐ Yes ☐ No |
| Are you appearing a (If you answered "n question) | s part of your other paid on," STOP; you need not | duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the nex |
| 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? |
|-----------------------|--|
| | 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) |
| If you are b that: | eing 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? \(\sum \text{Yes} \sum \text{No}\) |
| 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No |
| 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? |
| | vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

| Date: | 1 | | 10 | ٦, | • | | | | ÷, | ٠. | ٠ | Ċ | i | | 4. | |
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City of Madison Registration Statement - Common Council

| Please Print | | | AME CLEARLY |
|---|--|--|--|
| Agenda No. 155 | Name Addr | ess II W WIL | 4 LET SON 1 53703 |
| Please check the appropria | te boxes: | | |
| At this meeting are you rep (If you answered "no," ST question) | o speak nswer questions presenting an organization or a p | Available person other than yourself: | nswered "yes," go on to the next |
| | | | |
| | | | |
| Are you being paid for you | ur representation? | | ☐ Yes ☐ No |
| Are you appearing as part (If you answered "no," ST question) | of your other paid duties for thi FOP ; you need not complete the | s person or organization? e rest of this form. If you a | ☐ Yes ☐ No nswered "yes," go on to the next |
| Inf | blic Hearing Formation Hearing her Items | 5 minutes | |

| Are you an e governmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|------------------------------|--|
| | red "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 bei that: | ing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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 m 103 of the City-County Building, Madison, for more information) |
| Date | Signature |
| | \mathbf{Print} Name |

Date: Sept 4 87

City of Madison Registration Statement - Common Council

| Please Print | | PRINT NAME CLEARLY |
|--|---|--|
| Agenda No. | 5 | Name Dr. Will Sandstren Address 2621 Muland Pt. 19 addis 1011 |
| Please check the appropriate the propriate the properties of the p | iate boxes: | |
| At this meeting are you (If you answered "no," question) | to speak answer questions representing an organization STOP; you need not complet | Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions or a person other than yourself: ☐ Yes ☐ No the the rest of this form. If you answered "yes," go on to the next or organization you are representing: |
| | | |
| | | |
| Are you being paid for y | rt of your other paid duties for | or this person or organization? Yes No |
| (If you answered 'no, question) | 510F ; you need not comple. | te the rest of this form If you answered "yes," go on to the next |
| | Public Hearing Information Hearing | 5 minutes 5 minutes |

| Are you an governmental | elected official who is appearing solely on behalf of your office I body? | e or for your municipality or other Yes No |
|-------------------------|---|---|
| | ered "yes" to the question, STOP. You need not complete the rest of you answered "no" to the question, go on to the next question) | f this form, except that you must sign |
| If you are be that: | ing paid for your representation, or if your appearance is part of o | other paid duties, do you understand |
| 1 | Before you engage in lobbying as a lobbyist, you or your princip with the City Clerk? | oal must file an authorization Yes No |
| 2 | Your principal is not permitted to authorize you to lobby unless with the City Clerk? | ss the principal is registered Yes No |
| 3. | If your principal spends or will owe more than \$500 for lobbying period (calendar quarter), the principal must file expense statement the remaining quarters of the calendar year? | |
| | ered "no" to any of the last three questions, please call the City Cl m 103 of the City-County Building, Madison, for more information | |
| Date | Signature | |
| | Drint Nama | |

Date: 9/9/2007

City of Madison Registration Statement - Common Council

| Please Print | | PRINT NAME CLEARLY |
|---|---|--|
| Agenda No / | 55 | Name Lee (Leila) Brown Address 360 W. Washington Ave # 90 Madison, WI 53703 |
| Please check the a | appropriate boxes: | |
| At this meeting are (If you answered 'question) | to speak t wish to speak ble to answer questions you representing an organiz no," STOP; you need not co | Oppose Wish to speak Do not wish to speak Available to answer questions ation or a person other than yourself: Yes No mplete the rest of this form If you answered "yes," go on to the next 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 duti to," STOP ; you need not con | es for this person or organization? Yes No uplete the rest of this form If you answered "yes," go on to the next |
| Speaking Limits: | Public Hearing Information Hearing Other Items | |

| | Print Name |
|---------------------------|--|
| Date | Signature |
| (If you an Office at I | swered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Coom 103 of the City-County Building, Madison, for more information) |
| 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? |
| 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? |
| | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? |
| If you are that: | being paid for your representation, or if your appearance is part of other paid duties, do you understand |
| this form | wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.) |
| Are you a governmer | n elected official who is appearing solely on behalf of your office of for your municipality of other tall body? |

Date: 9/9/2007

City of Madison Registration Statement - Common Council

| Please Print | | PRINT NAME CLEARLY |
|--|--|--|
| Agenda No. 15 | 5 | Name Lee (Leila) Brown Address 360 W Washington Ave # 53 Madison, WI 53703 |
| Please check the appr | ropriate boxes: | |
| At this meeting are y (If you answered "no question) | rish to speak to answer questions ou representing an organiz o, "STOP; you need not co | ☐ Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions That it is a person other than yourself: ☐ Yes ☐ No complete the rest of this form. If you answered "yes," go on to the next of the rest of this form. If you answered "yes," go on to the next of the rest of this form. If you answered "yes," go on to the next of the rest of this form. If you answered "yes," go on to the next of the rest of this form. If you answered "yes," go on to the next of the rest of this form. If you are representing: |
| | | |
| | | |
| Are you being paid for | 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 | tties for this person or organization? |
| Speaking Limits: | Public Hearing Information Hearing Other Items | |

| Are you an government | elected official who is appearing solely on behalf of your office or for your municipality or other al body? |
|--|--|
| The second secon | 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.) |
| If you are b that: | eing 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? |
| | vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

Date: 4/0)

City of Madison Registration Statement - Common Council

| Please Print Campaig | D | PRINT N | AME CLI | EARLY |
|---|-------------------------------|--------------------------------------|-------------------------------|---------------------------|
| Agenda No. | Name Addres | D. Renne 5406 Der Mdison | le Hon Y 5371) | |
| Please check the appropriate b | oxes: | | | |
| Support Wish to speak Do not wish to spe Available to answ At this meeting are you repres (If you answered "no," STOR question) | er questions | Available as on other than yourself: | sh to speak to answer ques | ⊠No |
| Name, address and telephone | number of each person or orga | nization you are represer | nting: | |
| | | | | |
| | | | | |
| Are you being paid for your re | presentation? | | ☐ Yes | □No |
| Are you appearing as part of y (If you answered "no," STOP question) | | | | □ No go on to the next |
| | Hearing ation Hearing | | | |

| Are you an elected official who is ap governmental body? | pearing solely on behalf of your office or for your municipality or other Yes No |
|---|---|
| (If you answered "yes" to the question, this form If you answered "no" to the q | STOP. You need not complete the rest of this form, except that you must sign uestion, go on to the next question) |
| If you are being paid for your representhat: | tation, or if your appearance is part of other paid duties, do you understand |
| Before you engage in lol with the City Clerk? | bbying as a lobbyist, you or your principal must file an authorization Yes No |
| 2 Your principal is not pe with the City Clerk? | rmitted to authorize you to lobby unless the principal is registered Yes No |
| 3 If your principal spends period (calendar quarter) the remaining quarters of | or will owe more than \$500 for lobbying services in any reporting by the principal must file expense statements with the City Clerk for the calendar year? Yes No |
| (If you answered "no" to any of the last Office at Room 103 of the City-County B | three questions, please call the City Clerk at 266-4601 or go to the Clerk's uilding, Madison, for more information) |
| Date | Signature |
| | Print Name |

Date: 9/04/07

CITY OF MADISON

Registration Statement - Common Council

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| Please Print | | |
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| | | Name Flo EVans |
| Agenda No. / 5 | グラージを選集を表す。 大型の表現を表する。 | Address 325 50 Jellowstone De |
| | | FIX MADISON WS |
| Please check the app | propriate boxes: | 53705 |
| Support | | and Wish to speak |
| Oppose | | Do not wish to speak |
| Neither S | upport Nor Oppose | Available to answer questions |
| (If you answered "n of who you represen | o," STOP; you need not co t and go on to the next que | zation or a person other than yourself: Yes UNO omplete the rest of this form If you answered "yes," provide the name estion) person or organization you are representing: |
| | | |
| Are you being paid | for your representation? | ☐ Yes ☐ No |
| | | uties for this person or organization? Yes Anomaly Yes Anomaly Yes Anomaly Yes Anomaly Yes Anomaly Yes, "go on to the next Yes," go on to the next |
| Speaking Limits: | | on Council) 5 minutes 3 minutes 3 minutes |

REGISTRATION STATEMENT - PAGE 2

| | n elected official or employee who is appearing solely on behalf of your office or for your municipality or numental body? Yes No |
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| 1 7 4 4 | wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you 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, please be advised |
| 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? |
| | o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

Date: 4 14 5003

City of Madison Registration Statement - Common Council

| Please Print | PRINT NAME CLEARLY |
|--|---|
| Agenda No. | Name JUHN COOVER Address 23 IL RAMS OLPH MA # 727 MA DISSN WI |
| Please check the appropriate boxes: | MA DISON WI |
| (If you answered "no," STOP; you need not question) | Oppose Wish to speak Do not wish to speak Available to answer questions mization or a person other than yourself: Yes Complete the rest of this form If you answered "yes," go on to the next n person or organization you are representing: |
| | |
| | |
| Are you being paid for your representation? | ☐ Yes ☐ No |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need not question) | duties for this person or organization? Yes No complete the rest 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 governmenta | elected official who is appearing solely on behalf of your office or for your municipality or other al body? |
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| | 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) |
| If you are b that: | eing paid for your representation, or if your appearance is part of other paid duties, do you understand |
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| 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? |
| | vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

Date: 9/4/07

CITY OF MADISON

| Registrati | on Statement - <u>Comn</u> | and the state of t | | |
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| | COMMITTI | | | |
| Please Print | PL | EASE PRINT C | CLEARLY | |
| | N | ame Rut | h Kaczor | |
| Agenda No. 15 | 5.5 | Idress 50 | th Kaczor 9 N. Leoke St | |
| Agenda No. 15 limit rig | hts of ployees | しゅうこう かいしゅう かんしょうしょ ちょくりょ | disin Wi | |
| Please check the appr | opriate boxes: | | | |
| Support✓ OpposeNeither Su | pport Nor Oppose | and | ☐ Wish to speak ☑ Do not wish to speak ☐ Available to answer | questions |
| (If you answered "no of who you represent | ou representing an organization or "STOP; you need not complete and go on to the next question) lephone number of each person or | the rest of this) | form. If you answered "yo | |
| | | | | |
| Are you being paid fo | or your representation? | | \! Y 0 | es 🔲 No |
| | part of your other paid duties for "STOP; you need not complete | | | |
| Speaking Limits: | Public Hearing (Common Coun Information Hearing Other Items | | | |

REGISTRATION STATEMENT - PAGE 2

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
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| | 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.) |
| If you are b that: | eing paid for your representation, or if your appearance is part of other paid duties, please be advised |
| | 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? |
| | to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

Date: 9/4/07

City of Madison Registration Statement - Common Council

| Please Print | PRINT NA | ME CLEARLY |
|--|--|---|
| Agenda No. 155 | Name JOHN COS Address 489 COGS MOISON, C | 576LLO 5740 (FLEND DI 5371) |
| Please check the appropriate boxes: | | |
| (If you answered "no," STOP ; you nee question) | Oppose Wish to spea Do not wish Available to organization or a person other than yourself: and not complete the rest of this form. If you answer of each person or organization you are represent. | to speak answer questions Yes No wered "yes," go on to the nex |
| | | |
| | | |
| Are you being paid for your representat | tion? | ☐ Yes ☐ No |
| Are you appearing as part of your other (If you answered "no," STOP; you nee question) | paid duties for this person or organization? ed not complete the rest of this form. If you ans | ☐ Yes ☐ No wered "yes," go on to the nex |
| Speaking Limits: Public Hearing Information Hearing | 5 minutes aring 5 minutes | |

| | | Print Name |
|-----------------|-------------------|--|
| Date _ | | Signature |
| , , | - | 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) |
| | 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? |
| | 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No |
| | 1 | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No |
| If you that: | are beir | ng paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | | red "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) |
| | ou an e mental | lected official who is appearing solely on behalf of your office or for your municipality or other body? |

Date: 9/4/07

CITY OF MADISON

| Registrati | on Statement - | Common Council |
|--|--|---|
| | | COMMITTEE |
| Please Print | | |
| | | PLEASE PRINT CLEARLY |
| | | Name Thores Kozbusky |
| Agenda No. 📗 🎢 | 155 | Address 1134 Racliff Avo |
| | | Name Thores Kozbusky Address 1134 Rea (its Aco Madisor, a) 53705 |
| Diagonal de la des | | |
| Please check the appro | priate boxes: | |
| Support | | and Wish to speak |
| Oppose | | Do not wish to speak Available to answer questions |
| Neither Su | pport Nor Oppos | ie Avanable to allswei questions |
| (If you answered "no, of who you represent o | " STOP; you need no and go on to the next | anization of a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name question.) The person of organization you are representing: |
| | | |
| | | <u>으로 하는 것이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은</u> |
| | | |
| Are you being paid for | r your representation? | Yes □ No |
| | | d duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next |
| Speaking Limits: | Information Hearing | mmon Council) 5 minutes 3 minutes 3 minutes |

REGISTRATION STATEMENT - PAGE 2

| Are you an eleother governm | ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? |
|-----------------------------|--|
| | red "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 bei that: | ng paid for your representation, or if your appearance is part of other paid duties, please be advised |
| 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? |
| | the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |

Date: 9-04-07

CITY OF MADISON

| Registra | tion Statement | COMMITTEE |
|--|---|--|
| Please Print | | |
| | | PLEASE PRINT CLEARLY |
| | | Name Dennis Bergren |
| Agenda No | 55 | Address 1040 Spaight St |
| | | Madison 53703 |
| | | |
| Please check the app | propriate boxes: | |
| - Durphist | | and Wish to speak |
| Oppose | | ✓ Do not wish to speak✓ Available to answer questions |
| Neither S | upport Nor Oppose | |
| (If you answered "n of who you represen | o," STOP; you need not t and go on to the next qi | nization or a person other than yourself: Yes Mo complete the rest of this form. If you answered "yes," provide the name uestion) In person or organization you are representing: |
| | | |
| Are you being paid t | for your representation? | Yes No |
| | | duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the nex |
| Speaking Limits: | Public Hearing (Coming Information Hearing | mon Council) 5 minutes 3 minutes |

REGISTRATION STATEMENT - PAGE 2

| Are you an el other governn | ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? |
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| | red "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 be that: | ing paid for your representation, or if your appearance is part of other paid duties, please be advised |
| 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? |
| | o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information) |
| Date | Signature |
| | State of the Print Name |

Date: 9/4/07

City of Madison Registration Statement - Common Council

| Please Print | | 마라면 기계를 내용하다 하였다. | PRINT NA | | |
|---|--|--|----------------------------------|-----------------------|--------------------------|
| Agenda No. | | Name 4 | auid 1 04 s. Madis | fark for w | loms St. ISS7L |
| Please check the appro | opriate boxes: | | | | |
| At this meeting are you (If you answered "no, question) | beak sh to speak to answer questions ou representing an organizat "STOP; you need not con lephone number of each per | tion or a person other uplete the rest of this j | form If you ans | ☐ Yes wered "yes," | □No |
| | | | | | |
| | | | | | |
| Are you being paid fo | or your representation? | | | ☐ Yes | □No |
| Are you appearing as (If you answered "no question) | part of your other paid duti ," STOP; you need not con | es for this person or on plete the rest of this | rganization? form. If you ans | Yes wered "yes," | ☐ No go on to the nex |
| Speaking Limits: | Public Hearing Information Hearing Other Items | | es | | |

| Are you an governmenta | elected official who is appearing solely on behalf of your office or for your municipality or other labody? |
|------------------------|--|
| | ered "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) |
| If you are both | eing paid for your representation, or if your appearance is part of other paid duties, do you understand |
| | 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? |
| | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

| Date: | 100 | 100 | | 3.5 | 113.3 | 71.75 |
|-------|-----|-----|----------|-----|-------|-------|
| Date. | | * * | <u> </u> | | | |
| | | | | | | |

City of Madison Registration Statement - Common Council

| Please Print | PRINT NAME CLEARLY |
|--|---|
| Agenda No. /5 S | Name Bruce Charles Johnson Address 306 N. Brooks #431 Madison, WI 53715 |
| Please check the appropriate boxes: | 함께 하는 경기 시간을 보고 있는 것이 되었다. 그 것이 없는 것이 |
| question) | Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions 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 such person or organization you are representing: |
| | |
| | |
| Are you being paid for your representation | ? Yes X No |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need requestion) | id duties for this person or organization? \(\sum \subseteq \text{Yes} \sum \subseteq \text{No}\) not complete the rest of this form. If you answered "yes," go on to the nexi |
| Speaking Limits: Public Hearing Information Hearin Other Items | ng minutes |

| Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | |
|--|--|--|--|
| (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 \$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 answered "no" to any of the last three questions, please 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 54 | H 2007 Signature Source Charles Johnson Print Name Bruce Charles Johnson | | |

Date: 4 Cept 07

City of Madison Registration Statement - Common Council

| Please Print | | PRINT NAME CLEARLY |
|--|--|--|
| Agenda No. \ | 5 | Name Lawrence Dooley Address 1119 Emerald 8+ #2 Madi Fm Wi 53715 |
| Please check the appr | opriate boxes: | |
| At this meeting are you (If you answered "no question) | ish to speak to answer questions ou representing an organiza o," STOP ; you need not con | Oppose Wish to speak Do not wish to speak Available to answer questions The control of the presenting of the second of the next of this form. If you answered "yes," go on to the next of the second or organization you are representing: |
| | | |
| | | |
| Are you being paid for your representation? | | ☐ Yes ☐ No |
| Are you appearing as (If you answered "no question) | s part of your other paid dut o," STOP; you need not con | es for this person or organization? |
| Speaking Limits: | Public Hearing Information Hearing | 5 minutes 5 minutes |

| Are you an egovernmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? | |
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| | red "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 bei that: | ng paid for your representation, or if your appearance is part of other paid duties, do you understand | |
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| 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | |
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| (If you answered "no" to any of the last three questions, please 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 | |

| | il de la companya de | TY OF MAI | DISON | |
|--|---|--|--|-----|
| Registra | tion Statement - <u>C</u> | | | |
| Please Print | | | | |
| | | PLEASE F | PRINT CLEARLY | |
| | | Name | MIKE WYATT | |
| Agenda No. | 166 | Address | 122 E- GIZMAN 7#104 | |
| | | | MIKE WYATT 122 E- GILMAN 5#104 MADISON SWI. 53703 | |
| Please check the app | propriate boxes: | | | |
| Support | | | and Wish to speak | |
| Oppose | | | Do not wish to speak | |
| | upport Nor Oppose | | Available to answer questions | |
| (If you answered "n of who you represen | you representing an organizate, "STOP; you need not compute and go on to the next question elephone number of each per- | plete the rest on) | t of this form. If you answered "yes," provide the na | ne |
| | | | | |
| Are you being paid | for your representation? | | ☐ Yes ☑ No | |
| | s part of your other paid dutie o," STOP; you need not com | | erson or organization? Yes No st of this form If you answered "yes," go on to the n | ext |
| Speaking Limits: | Public Hearing (Common Information Hearing Other Items | ki er en der fallen i de da r et er et ender et en | | |

| | lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
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| | ered "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.) |
| If you are be that: | ing paid for your representation, or if your appearance is part of other paid duties, please be advised |
| | 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? |
| | o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information) |
| Date | Signature |
| | er en |

Date: <u>SEPT 4,2007</u>

CITY OF MADISON

| Registrat | tion Statement - | Common Council COMMITTEE |
|---|---|--|
| Please Print | | PLEASE PRINT CLEARLY |
| Agenda No/55 | | Name JEFFREY (I. GRAYBY Address 380 W. WASHINGTONAVE #50 MADISON, WI 53703 |
| Please check the app | ropriate boxes: | |
| Support Oppose Neither S | upport Nor Oppos | and Wish to speak Do not wish to speak Available to answer questions |
| (If you answered "no of who you represen | o," STOP; you need no t and go on to the next o | anization or a person other than yourself: Yes No the complete the rest of this form. If you answered "yes," provide the name question) the person or organization you are representing: |
| | | |
| Are you being paid f | or your representation? | ☐ Yes ☐ No |
| | | d duties for this person or organization? Yes No to complete the rest of this form If you answered "yes," go on to the next |
| Speaking Limits: | | nmon Council) 5 minutes 3 minutes 3 minutes |

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No |
|------------------------|--|
| | ered "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) |
| If you are bo that: | eing paid for your representation, or if your appearance is part of other paid duties, please be advised |
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| | to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

Date: Sept 4, 2007

CITY OF MADISON

| Registrat | tion Statement | Common (| Coun | ncil |
|-------------------------------|--|----------------------------------|----------------|--|
| | | COMMITTEE | | |
| Please Print | | | | |
| | | | | IT CLEARLY |
| | | Name | | David Kove |
| Agenda No/_ |) | Address | | Dave Koere 1714 Winesteys St. Madran |
| | | | | madian |
| | | | | |
| Please check the app | ropriate boxes: | | | |
| Sunnort | | | and | Wish to speak |
| Support Oppose | | | | Do not wish to speak |
| | upport Nor Oppose | | | Available to answer questions |
| | | | | |
| | ou representing an organiz | | | her than yourself: Yes No his form If you answered "yes," provide the name |
| | t and go on to the next que | | i oj ini. | us form 11 you answerea yes, provide the hun |
| | | | | |
| Name, address and to | elephone number of each p | erson or organ | ızatıon | on you are representing: |
| | | | | |
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| | | | | |
| | | | | |
| Are you being paid f | or your representation? | | | Yes No |
| | | | | |
| | s part of your other paid du | | | |
| (IJ you answered no question) | o, SIUP; you neea not co | ompiete the res | si oj ini | his form. If you answered "yes," go on to the ne |
| | | | | |
| Speaking Limits: | Public Hearing (Commo Information Hearing | | 5 min 3 min | |
| | Other Items | Carlo ta Arriva, Arrest Arrette. | 3 min | |

| Are you an el other governn | ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No |
|------------------------------------|--|
| (If you answer this form. If yo | red "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 bei that: | ing paid for your representation, or if your appearance is part of other paid duties, please be advised |
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| 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 Room 103 of t | the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

| | | a | - 4 | - { | 17 | |
|-------|---------|-----|------------|-----|----|--|
| Date: | 4,3 4 3 | • (| 10.5 | | | |
| | | | | | | |

City of Madison Registration Statement - Common Council

| Please Print | | | RINT NAME CL | EARLY |
|--|--|--|-------------------------------------|-------------------------|
| Agenda No. 155 Limiting | | Name Bas Address 73 o | bar Meyer Wedgewood adism, WI | Way 53711 |
| Please check the approp | | | adism, wi | |
| At this meeting are you (If you answered "no," question) | | on or a person other the olete the rest of this for | m If you answered "yes | MN0 |
| | | | | |
| Are you being paid for | your representation? | | | ₽No |
| Are you appearing as p (If you answered "no," question) | art of your other paid dutie STOP; you need not comp | s for this person or organized of the rest of this for | anization? | No No go on to the next |
| | Public Hearing Information Hearing Other Items | | | |

| Are you an e governmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
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| | red "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 bei that: | ing 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? |
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| | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information) |
| Date 9 | 4/7 Signature Barbara Meyer Print Name Barbara Meyer |
| | Print Name Barbara Meyer |

| | | - | | | |
|-------------------------------|-----|---------------|----|-----|--|
| Date: | | \mathcal{V} | ~4 | -07 | |
| and the state of the state of | 7.7 | | | | |

City of Madison Registration Statement - Common Council

| Please Print | | | PRINT NA | ME CLI | EARLY |
|--|---|------------------------------------|---|-----------------------|-------------------|
| 170 | | Name / | LUCIAN 2314 E MADISO | 10 | |
| Agenda No. | | Address | 2314 E | NAA | YOW |
| | | | MADISO | W 53 | 704 |
| Please check the appropria | | | | | |
| Support | | M | Oppose | | |
| Wish to speak | | | Wish to speal | k | |
| Do not wish to | | | Do not wish | | |
| Available to a | nswer questions | | Available to | answer ques | tions |
| (If you answered "no," S question) | presenting an organization TOP; you need not comple one number of each person | te the rest of t | his form. If you answ | vered "yes," | go on to the next |
| | | | | | |
| | | | | | |
| Are you being paid for yo | ur representation? | | | ☐ Yes | ⊠No ∧ |
| Are you appearing as part (If you answered "no," S question) | of your other paid duties f TOP ; you need not comple | or this person te the rest of t | or organization? his form. If you answ | ☐ Yes vered "yes," | go on to the next |
| Speaking Limits: Pu | ıblic Hearing | 5 m | nutes | | |
| In | formation Hearing | 5 m | nutes | | |
| A CALL THE PARTY OF | her Items | 3 m | nutes | | |

| Are you an governmenta | elected official who is appearing solely on behalf of your office or for your municipality or other labody? |
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| | ered "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) |
| If you are bothat: | eing paid for your representation, or if your appearance is part of other paid duties, do you understand |
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| | ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information) |
| Date | Signature |
| | First Name $^{\circ}$. Print Name |

Date: 4 Sept. 07

CITY OF MADISON

| Registration Statement | COMMITTEE |
|--|--|
| Please Print | PLEASE PRINT CLEARLY |
| Agenda No. | Name Michael S., GOODMAN Address 540 w. Olin Av, #21 Malivon |
| Please check the appropriate boxes: | |
| Support Oppose Neither Support Nor Opp | and Wish to speak Do not wish to speak Available to answer questions |
| (If you answered "no," STOP ; you need of who you represent and go on to the ne | organization or a person other than yourself: I not complete the rest of this form. If you answered "yes," provide the name ext question.) each person or organization you are representing: |
| | |
| Are you being paid for your representation | on? |
| Are you appearing as part of your other part (If you answered "no," STOP; you need question) | oaid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next |
| Information Hear | Common Council) 5 minutes ring |

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? | |
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| | vered "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 t that: | being paid for your representation, or if your appearance is part of other paid duties, please be advised | |
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| | to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information) | |
| Date | Signature | |
| | g Brander (1918) by B Brander (1918) by Brander (1918) Print Name (1918) by Brander (1918) by Brander (1918) by Brander (1918) by Brander (1918) | |

| | | Date: | 9-4-04 |
|---|--|--|-------------|
| | CITY OF MA | ADISON | |
| Registration State | ment - Common | <u>Council</u> | |
| Please Print Agenda No. /55 | | EPRINT CLEARLY DON MCKE/ PO BOX 45 MADLSON | 1729 644 |
| Please check the appropriate boxe | S: | | |
| Support Oppose Neither Support No | r Oppose | and Wish to speak Do not wish to spea Available to answe | |
| 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 num | ber of each person or organ | nization you are representing: | |
| | | | |
| | | | |
| Are you being paid for your repre | sentation? | | Yes No |
| Are you appearing as part of your (If you answered "no," STOP; you question) | | | |
| Informatio | uring (Common Council) n Hearing s | 3 minutes | |

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No |
|-------------------|--|
| | 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.) |
| f you are hat: | being paid for your representation, or if your appearance is part of other paid duties, please be advised |
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| | to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information) |
| Date | Signature |
| | ing the control of th |

| | Date: 9 4 57 |
|--|--|
| | CITY OF MADISON |
| Registration Statement - | Common Council COMMITTEE |
| Please Print | PLEASE PRINT CLEARLY |
| | Name JUSCHA ROGINSON |
| Agenda No. 155 | Address 2007 JENIFER |
| | Madson |
| Please check the appropriate boxes: | 마스 등 사용하는 경기 등에 가는 사람들이 되었다. 그 사람들이 되었다. 그 사람들이 되었다. 기본 경기를 가는 사람들이 가는 것이 되었다. 그 사람들이 가는 것이 되었다. 그 사람들이 되었다. |
| SupportOppose | and ☐ Wish to speak ☑ Do not wish to speak |
| Neither Support Nor Oppose | Available to answer questions |
| | nization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name uestion) |
| Name, address and telephone number of eacl | n person or organization you are representing: |
| | |
| | BERTHER BUILDING BUIL |
| 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 |
| | complete the rest of this form. If you answered "yes," go on to the next |

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

question)

Speaking Limits:

| and the second second | lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
|------------------------|--|
| | ered "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.) |
| If you are be that: | eing paid for your representation, or if your appearance is part of other paid duties, please be advised |
| 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? |
| | o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

Date: 9 4 0 7

City of Madison Registration Statement - Common Council

| Please Print | PRINT NAME CLEARLY |
|--|---|
| | Name VICICY SELKOWE |
| Agenda No. | Address 2961 UNION ST. |
| | NAD 150N WI |
| Please check the appropriate boxes: | 53904 |
| Support Wish to speak | Oppose Wish to speak |
| ☐ Do not wish to speak ☐ Available to answer questions | Do not wish to speak Available to answer questions |
| question) | not complete the rest of this form. If you answered "yes," go on to the next next nech person or organization you are representing: |
| | |
| Are you being paid for your representation | ? Yes No |
| Are you appearing as part of your other pa (If you answered "no," STOP; you need n 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 | g 5 minutes |

| Are you an governmenta | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|------------------------|--|
| | red "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 be that: | ing 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? \ Yes No |
| 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 m 103 of the City-County Building, Madison, for more information) |
| Date | Signature |
| | 발생님 그는 말한 방생 본 보다는 그리다면서 하하실을 만들어가면 하면 하는 것이 없는 것이 되었다면 살 때문에 가장을 보고 있다면서 |

| | Date: 9/4107 |
|---|---|
| | CITY OF MADISON |
| Registration Statement | Common Council COMMITTEE |
| Please Print | PLEASE PRINT CLEARLY |
| Agenda No. | Name Taylan Johnson Address 1053 Autredge St # 2 Madison wy 53103 |
| Please check the appropriate boxes: | |
| SupportOpposeNeither Support Nor Oppose | and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions |
| At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu | ization or a person other than yourself: Yes Yo complete the rest of this form If you answered "yes," provide the name estion) |
| 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 of | luties 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

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

question)

Speaking Limits:

| | lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? | |
|------------------------|--|--|
| | ered "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) | |
| If you are be that: | eing paid for your representation, or if your appearance is part of other paid duties, please be advised | |
| | 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? | |
| | o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information) | |
| Date | Signature | |
| | Print Name | |

| | 경기의 경기에 가장되었다. 그런 | | Date: |
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| | | CITY OF MADISON | |
| Registra | tion Statement - | Common Council COMMITTEE | |
| <u>Please Print</u> | | PLEASE PRINT CLEARLY | |
| | 27 | | Richallson |
| Agenda No. 🔝 🖊 | | Address 1854eVI | Richardson manter No. 4 on, wit |
| lease check the app | propriate boxes: | | |
| Support Oppose Neither S | upport Nor Oppos | Availab | speak wish to speak le to answer questions |
| If you answered "n | | anization or a person other than yourselest complete the rest of this form. If you question) | |
| lame, address and t | elephone number of eac | ch person or organization you are repre | senting: |
| | | | |
| | | | |
| Are you being paid | for your representation? | | □ Yes □ No |
| | | d duties for this person or organization of complete the rest of this form. If you | |
| Speaking Limits: | Public Hearing (Con Information Hearing Other Items | | |
| | | | |

| | lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? |
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| | red "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 bothat: | ing paid for your representation, or if your appearance is part of other paid duties, please be advised |
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| 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? |
| | o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

Date: $\frac{9/4/67}{}$

City of Madison Registration Statement - Common Council

| Please Print | PRINT NAME CLEARLY |
|---|--|
| Agenda No. 155 | Name HARDN CRANDAUC Address OS PROUDFIT ST MADISON, WI 53715 |
| Please check the appropriate boxes: | |
| question) | Oppose Wish to speak Do not wish to speak Available to answer questions anization or a person other than yourself: Yes No at complete the rest of this form If you answered "yes," go on to the next the person or organization you are representing: |
| | |
| | |
| Are you being paid for your representation? | Yes No |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need no question) | d duties for this person or organization? Yes No of complete the rest 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 governmenta | lected official who is appearing solely on behalf of your office or for your municipality or other body? |
|------------------------|--|
| 19.00 P | red "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 be that: | 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 | Signature |
| | Print Name |

Date: <u>2007</u> Scf. 4

CITY OF MADISON

| Registra | tion Statement - | Common Co | ouncil | | |
|---------------------------------------|---------------------------------|------------------------|--|---|-------------------|
| | | COMMITTEE | | | |
| Please Print | | | | | |
| | | 法统治 医阿特氏病 网络大腿上手尖 医法氏疗 | RINT CLEARLY | | |
| | | Name | BOHARD S. 2642 KENDA | PUTSELL | |
| Agenda No. 155 | POLITICAL ACTIVITY | A ddraga | 2/47 /-100 | 1 A Bo | |
| | LIMIT | Address | 10 - FENLY | 1 F271 C | 777 |
| | | | MADISON W | 1 25/05 | -5/ <i>36</i> |
| Please check the app | propriate hoves: | | | | |
| Thouse enough the dep | | | | | |
| Support | | a | nd Wish to sp | | |
| D Oppose | | | Do not wi | sh to speak to answer que | etione |
| Neither S | upport Nor Oppos | e | □ Avanabi¢ | to answer que. | stions |
| At this meeting are | you representing an orga | mization or a nersor | other than yourself. | extstyle 	ext | ₩No |
| | o," STOP; you need not | | | | |
| of who you represen | t and go on to the next q | uestion) | | | |
| Name address and t | elephone number of eac | h nerson or organiz | ation you are represe | ntina | |
| Traine, address and a | erephone number of cac | ii person or organiza | ation you are represe. | nung. | |
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| | | | | | |
| | | | | | |
| Are you being paid | for your representation? | | | Yes | No |
| | | | | | |
| · · · · · · · · · · · · · · · · · · · | s part of your other paid | | | | □ No |
| (If you answered "n question) | o," STOP; you need no | t complete the rest of | of this form. If you ar | iswered "yes," | go on to the next |
| question | | | 고 있다. 경기를 받는 것으로 모르는 경기를 보고 있는 것은 것으로 했다. | | |
| Speaking Limits: | Public Hearing (Com | | | | |
| | Information Hearing Other Items | | minutes minutes | | |
| | Outer Itellis | | minutos | | |

| | lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
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| | ered "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.) |
| If you are be that: | ing paid for your representation, or if your appearance is part of other paid duties, please be advised |
| 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? |
| | o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |

Date: 9-4-07

CITY OF MADISON

| Registrat | ion Statement | COMMITTEE | | |
|--|--|--|--|---------------------------|
| Please Print | | PLEASE PRINT CLEARLY | | |
| Agenda No. 50 | CHAM copriate boxes: | Name Russell Address 48/75 h | Novkov jepoxanaj MW150 | R508# 1919-29 |
| Support Oppose Neither Su | ipport Nor Oppose | Æ Do no | to speak t wish to speak able to answer questi | ons |
| (If you answered "no of who you represent | ," STOP; you need not and go on to the next q | nization or a person other than yours complete the rest of this form. If you uestion) h person or organization you are represented. | u answered "yes," p | No Povide the name |
| Are you being paid fo | or your representation? | | ☐ Yes | No |
| | | duties for this person or organization complete the rest of this form. If yo | | ☐ No go on to the next |
| Speaking Limits: | | mon Council)5 minutes 3 minutes 3 minutes | | |

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No |
|-----------------------|--|
| | 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) |
| If you are b that: | being paid for your representation, or if your appearance is part of other paid duties, please be advised |
| 1. | Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk |
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| | to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

Date: 9/4/67

City of Madison Registration Statement - Common Council

| Please Print | | PRINT NAME CLEARLY |
|--|---|---|
| Agenda No. 155 | | Name Matthew Login Address 1822 Jenifer St My dison WI SI704 |
| Please check the appr | ropriate boxes: | |
| At this meeting are y (If you answered "no question) | ish to speak e to answer questions ou representing an organizat o, " STOP; you need not com | Oppose Wish to speak Do not wish to speak Available to answer questions ion or a person other than yourself: Yes No aplete the rest of this form If you answered "yes," go on to the next |
| | | |
| | | |
| 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 duti o, " STOP; you need not con | es for this person or organization? Yes No nplete the rest of this form. If you answered "yes," go on to the next |
| Speaking Limits: | Public Hearing Information Hearing Other Items | 5 minutes 5 minutes 3 minutes |

| Are you an government | elected official who is appearing solely on behalf of your office or for your municipality or other al body? |
|---|--|
| A Contract of the contract of | 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) |
| If you are be that: | eing 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? |
| 100 | vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.) |
| Date | Signature |
| | Print Name |

Date: 9-4-07

City of Madison Registration Statement - Common Council

| Please Print | | PI | RINT NAM | E CLEA | ARLY |
|--|---|--|--|------------------------|-------------------------|
| Agenda No. / > > | > | Name <u>CHAR</u> Address/ <u>533</u> <i>Maj</i> | LES SM Comani Moon | 19LLE 19 /2 5 37 | Y len 104 |
| Please check the appro | opriate boxes: | | | | |
| At this meeting are vo | beak sh to speak to answer questions u representing an organiza " STOP; you need not con | ation or a person other tha | ppose Wish to speak Do not wish to a Available to ans un yourself: m If you answer | swer questic | ⊠No |
| Name, address and tel | ephone number of each pe | erson or organization you | are representing: | | |
| | | | | | |
| | | | | | |
| Are you being paid fo | r your representation? | | | ☐ Yes | □No |
| Are you appearing as (If you answered "no, question) | part of your other paid dut " STOP; you need not co | ies for this person or orga mplete the rest of this for | inization? m. If you answer | Yes ed "yes," g | □ No o on to the nex |
| Speaking Limits: | Public Hearing Information Hearing | | | | |

| Are you an governmenta | lected official who is appearing solely on behalf of your office or for your municipality or other body? Yes No |
|------------------------|--|
| | 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 bothat: | 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? |
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| | 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 | Signature |
| | Print Name |

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|-------|---|----|-----------|---|
| Date: | | | in estas. | |
| | | | | |

City of Madison Registration Statement - Common Council

| Please Print | PRINT NAME CLEARLY |
|---|--|
| Agenda No. 155 | Name CONDIE VON A LLEY Address 1533 COMANCHE GLEN MARTTON WI. 53704 |
| | m A OT SON WI. J 3704 |
| 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 organ (If you answered "no," STOP; you need not question) | nization or a person other than yourself: \(\sum \) Yes \(\sum \) No complete the rest of this form If you answered "yes," go on to the next |
| Name, address and telephone number of each | n person or organization you are representing: |
| | |
| | |
| Are you being paid for your representation? | ☐ Yes ☐ No |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need not question) | duties for this person or organization? |
| Speaking Limits: Public Hearing Information Hearing | 5 minutes 5 minutes |

| Are you an government | 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 on answered "no" to the question, go on to the next question) |
| If you are b that: | 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? |
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| | 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 | Signature |
| | Harrier Berger (1997) - Print Name |

Date: 9/4/2007

City of Madison Registration Statement - Common Council

| Please Print | | PRINT NAME CLEARLY | | | | |
|---|--|---|---|-------------------|--|--|
| Agenda No. | 6 | Name \(\sum{\chi} \) Address \(\times \) | rilip Exercita BOW. Cilman Nodison. WIS | 0 1#1 33703 | | |
| Please check the appro | opriate boxes: | | | | | |
| Support ☐ 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 ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ 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 fo | or your representation? | | Yes | □ No | | |
| Are you appearing as (If you answered "no question) | part of your other paid dut," STOP; you need not con | ies for this person or nplete the rest of thi | organization? | | | |
| Speaking Limits: | Public Hearing Information Hearing Other Items | 5 min 5 min 3 min | utes | | | |

| | | Print Name | |
|------------------------|--|--|---|
| Date | | Signature | |
| | | st three questions, please call to Building, Madison, for more in | he City Clerk at 266-4601 or go to the Clerk's formation) |
| 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? | | |
| 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? | | |
| 1 | Before you engage in low with the City Clerk? | obbying as a lobbyist, you or yo | our principal must file an authorization Yes No |
| If you are be that: | eing paid for your represer | ntation, or if your appearance i | s part of other paid duties, do you understand |
| | | STOP. You need not complete question, go on to the next ques | the rest of this form, except that you must sign tion) |
| Are you an governmenta | [4] A. C. C. Marchard, A. C. | opearing solely on behalf of y | our office or for your municipality or other. Yes No |

Date: 4502

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Please Print | | PRINT N | AME CLI | CARLY |
|--|---|--|---|-----------------------------|
| Agenda No. 155 | Nar Ado | ne Paul O'Co hess 1134 E, Manson | =4,4 1,FFile 537 |) S7~ 23 |
| Please check the appropriate bo | xes: | | | |
| Support Wish to speak Do not wish to spea Available to answer At this meeting are you represe (If you answered "no," STOP; question.) Name, address and telephone n | r questions nting an organization or a you need not complete th | person other than yourself: ne rest of this form. If you an | sh to speak to answer ques Yes nswered "yes," | ₽ No |
| | | | | |
| | | | | |
| Are you being paid for your rep | oresentation? | | Yes | □No |
| Are you appearing as part of yo (If you answered "no," STOP; question) | our other paid duties for the you need not complete to | nis person or organization? ne rest of this form If you a | ☐ Yes nswered "yes,' | □ No ' go on to the next |
| Speaking Limits: Public I Informa Other It | Heating Ition Hearing ems | 5 minutes 5 minutes 3 minutes | | |

Registration Statement - Page 2

| Are you an egovernmental | elected official who is appearing solely on behalf of your office or for your municipality or other body? |
|--------------------------|--|
| | red "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 bei that: | ing 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? |
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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? |
| | red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

Date: 9-4-07

| Registrat | ion Statement - | Common Council COMMITTEE |
|--|---|--|
| Please Print | | PLEASE PRINT CLEARLY |
| Agenda No. <u>/</u> ≤ | 5 | Name lensen Address 547/W; Isians bus leng 3 as Mach son WI 537/9 |
| Please check the appropriate the property of t | ropriate boxes: | |
| Support Oppose Neither Su | ipport Nor Oppos | and Wish to speak Do not wish to speak Available to answer questions |
| (If you answered "no | ou representing an orga o," STOP; you need not and go on to the next q | anization or a person other than yourself: Yes No t complete the rest of this form If you answered "yes," provide the name question) |
| Name, address and te | lephone number of eac | h person or organization you are representing: |
| | | |
| | | |
| Are you being paid for | or your representation? | ☐ Yes X No |
| | | I duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next |
| Speaking Limits: | | nmon Council) 5 minutes 3 minutes |

| and the second of the second | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
|------------------------------|--|
| . • | ered "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) |
| If you are be that: | eing paid for your representation, or if your appearance is part of other paid duties, please be advised |
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| 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? |
| | to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information) |
| Date | Signature |
| | 是是是是是是是是是是是Print Name |

| Date | . 9. | 4 | 07 | 7 | | | |
|------|------|---|----|---|--|--|--|
| | | | | | | | |

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Please Print | | PRINT NAME CLEARLY |
|---|--|---|
| Agenda No/ | 5-5- | Name Math, Walsh Address 566 S Segre Rd Madison W 5372 |
| Availab | speak vish to speak le to answer questions | Oppose Wish to speak Do not wish to speak Available to answer questions |
| (If you answered "n question) | o," STOP; you need not c | zation or a person other than yourself: Yes No omplete the rest of this form If you answered "yes," go on to the next person or organization you are representing: |
| | | |
| Are you being paid | for your representation? | ☐ Yes ☐ No |
| Are you appearing a (If you answered "r question) | ns part of your other paid d no," STOP; you need not c | uties for this person or organization? \[\begin{aligned} \text{Yes} & \begin{aligned} \text{No} \\ \text{complete the rest of this form If you answered "yes," go on to the nex.} \end{aligned} |
| Speaking Limits: | Public Hearing Information Hearing | 5 minutes 5 minutes |

Registration Statement - Page 2

| Are you an el- governmental l | cted official who is appearing solely on behalf of your office or for your municipality or other ody? |
|-------------------------------------|--|
| (If you answere this form If you | d "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.) |
| If you are bein that: | 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? \(\sum \sum \text{No}\) No |
| 2 | Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? \(\sum \text{No}\) No |
| | f 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 he remaining quarters of the calendar year? |
| | d "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 | Signature |
| | Print Name |

| | Date: 9/4/07 |
|---|---|
| | CITY OF MADISON |
| Registration Statement - | Common Council |
| <u>Please Print</u> | PLEASE PRINT CLEARLY |
| Agenda No. 55 | Name Susan Nossa Address & University Howes APT. 61 Madison, wr 53705 |
| 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 orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q | complete the rest of this form. If you answered "yes," provide the name |
| Name, address and telephone number of each | h person or organization you are representing: |
| | A 40 A 50 B 5 |
| | |
| Are you being paid for your representation? | ☐ Yes ☐ No |
| Are you appearing as part of your other paid (If you answered "no," STOP; you need not | duties for this person or organization? Yes No t complete the rest of this form If you answered "yes," go on to the next |

Public Hearing (Common Council) ... 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

question)

Speaking Limits:

| The state of the s | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
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| | ered "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) |
| If you are be that: | eing paid for your representation, or if your appearance is part of other paid duties, please be advised |
| 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? |
| | to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information) |
| Date | Signature |
| | Street Name |

Date: 9/4/07

| Registra | tion Statement - | Common Council | |
|----------------------------------|---|---|---------|
| | | COMMITTEE | |
| Please Print | | | |
| | | PLEASE PRINT CLEARLY | |
| | | Name Steve GJry | |
| Agenda No. 15 | 5 | Name Steve Burns Address 6 University Houses # 1 Mydison WY 53705 | I_{I} |
| | | Addition 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ع ر |
| | | 1401304 W1 83 700 | |
| Please check the ap | proprieta hovas | | |
| Flease check the ap | propriate boxes. | | |
| Support | | and Wish to speak | |
| Oppose | | Do not wish to speak Available to answer questions | |
| <i>_</i> | upport Nor Oppos | Available to answer questions | |
| | | | |
| At this meeting are | you representing an orga | nization or a person other than yourself: Yes No | |
| | o," STOP; you need not at and go on to the next q | complete the rest of this form. If you answered "yes," provide the na | ıme |
| oj who you represer | u ana go on to the next q | | |
| Name, address and | telephone number of eacl | person or organization you are representing: | |
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| | | 보고 있는 이번 보고 있는 경험에 하고 있다. 그는 사람들은 사람들이 보고 있는 것이 되었다. 그는 사람들이 되었다. 경우 아버지는 사람들은 소리를 하고 있는 것이 되었는데 사람들이 되었다. 그런 사람들이 가지 않는 것이 되었다. | |
| Are you being paid | for your representation? | ☐ Yes ☐ No | |
| | | | |
| | | duties for this person or organization? Yes No | |
| (If you answered "n question) | io," STOP; you need not | complete the rest of this form If you answered "yes," go on to the n | iext |
| question) | | | |
| Speaking Limits: | Public Hearing (Com | mon Council) 5 minutes | |
| | Information Hearing | 3 minutes | |
| | Other Items | 3 minutes | |

| Are you an eleother governm | ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? |
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| | red "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 bei that: | ng paid for your representation, or if your appearance is part of other paid duties, please be advised |
| | 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? |
| | the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

Date: 9-4-07

| Registrat | tion Statement - | Common Cou | Incil | | |
|--|--|---------------------------------------|-------------------------------|------------------------|--------------------------|
| Please Print | | PLEASE PRI | | | |
| Agenda No. <u>/5</u> | 3 | Name <u>(</u> Address = | latheril 19 EW, Madis | he Hix 15on on W | <u>m</u> #Z08 537B |
| Please check the app | ropriate boxes: | | | | |
| Support Oppose Neither St | upport Nor Oppos | and ie | Do not wi | | tions |
| (If you answered "no of who you represent | you representing an organ, " STOP; you need no tand go on to the next o | t complete the rest of t question) | this form. If you ar | ıswered "yes," | ™No provide the name |
| Name, address and to | elephone number of eac | h person or organization | on you are represe | nting: | |
| | | | | | |
| Are you being paid f | or your representation? | | | ☐ Yes | ÌXNo |
| | s part of your other paid o," STOP; you need no | | | | No go on to the next |
| Speaking Limits: | Public Hearing (Con Information Hearing Other Items | 3 m | iinutes iinutes iinutes | | |

| | lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? | | | |
|------------------------|--|--|--|--|
| | ered "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) | | | |
| If you are be that: | sing paid for your representation, or if your appearance is part of other paid duties, please be advised | | | |
| | 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? | | | |
| | o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information) | | | |
| Date | Signature | | | |
| | Print Name | | | |

Date Sept 4, 2007

| | ion Statement - | | | |
|---|---|--|--|--------------------------------|
| Prohi | bifing Stake em, positical act | bloyers | | |
| Please Print from | political act | VITY PLEASE | PRINT CLEARLY | |
| | | Name | Natalie Mor 2524 Leopole Sun Prairie | roon |
| Agenda No. 🖊 🔿 |) | Address | 2524 Leopole | (way |
| | | | Sun Prairie | WI 5350 |
| Please check the app | ropriate boxes: | | | |
| Support | | | and Wish to speal | |
| ☐ Support☑ Oppose | | | Do not wish | to speak |
| | ipport Nor Oppos | (e | Available to | answer questions |
| | | | | |
| At this meeting are y | ou representing an orga | anization or a per | son other than yourself: | Yes No |
| (If you answered "no | o," STOP; you need no t and go on to the next (| t complete the re. | st of this form. If you answ | ered "yes," provide the name |
| oj wno you represem | una go on to the next | que silon) | | |
| Name, address and to | elephone number of eac | ch person or organ | nization you are representii | ıg: |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| Are you being paid f | or your representation? | | | ☐ Yes ☐ No |
| | | 1 desire Constitution | and a secondary | ☐ Yes ☐ No |
| Are you appearing as (If you answered "no question) | s part of your other paid o," STOP; you need no | a duties for this po of complete the re | | vered "yes," go on to the next |
| Speaking Limits: | Public Hearing (Cor | nmon Council) | 5 minutes | |
| opeanis minu. | Information Hearing | | | |
| | Other Items | 医大胆性乳 医二氯化 医海绵性抗原性抗原性 化二甲基甲 | 化氯化甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲 | |



Date: Sept. 4. '07

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

| Please Print Ry | hts of Union | and the first of t | PRINT NAME CL | | |
|---|---|--|---|---------|--|
| | | Name N | Janey McKeatin | 4 | |
| Agenda No. 15, | 5 | Address P | 9 BOX 45044 ' | 1 | |
| | | | Janey McKeatin 0 Box 45044 1 Nadison WI | 53744 | |
| Please check the app | ropriate boxes: | | | | |
| Support | | \mathbf{X} | Oppose | | |
| ☐ Wish to | | | Wish to speak | | |
| | vish to speak | | Do not wish to speak | ections | |
| ∐ Availabl | e to answer questions | | Available to answer qu | estions | |
| At this meeting are you representing an organization or a person other than yourself: (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 1 | for your representation? | | ☐ Yes | □No | |
| Are you appearing a (If you answered "n question) | s part of your other paid dut o," STOP; you need not co | ies for this person on the person of the rest of the rest of the rest of the rest of the person of the rest of the person of the rest of t | on organization? | | |
| Speaking Limits: | Public Hearing | 5 mi | nutes | | |
| phoneur punes. | Information Hearing | | nutes | | |
| | Other Items | | nutes | | |

Registration Statement - Page 2

| Are you an governments | n elected official who is appearing solely on behalf of your off tal body? | ice or for your municipality or other Yes No |
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| | vered "yes" to the question, STOP. You need not complete the rest fyou answered "no" to the question, go on to the next question) | of this form, except that you must sign |
| If you are b that: | peing paid for your representation, or if your appearance is part or | f other paid duties, do you understand |
| | Before you engage in lobbying as a lobbyist, you or your princ with the City Clerk? | cipal must file an authorization Yes No |
| 2 | Your principal is not permitted to authorize you to lobby un with the City Clerk? | less the principal is registered Yes No |
| 3. | If your principal spends or will owe more than \$500 for lobb period (calendar quarter), the principal must file expense state the remaining quarters of the calendar year? | |
| | wered "no" to any of the last three questions, please call the City oom 103 of the City-County Building, Madison, for more informatio | |
| Date | Signature | |
| | Drint Namo | |