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Date:	,	15/2	8	41 5 6
Date.		/ / -		`

CITY OF MADISON

Registration Statement -	COMMITTEE	uncii
Please Print	PLEASE PR	INT CLEARLY
	Name	MICHAEL JACOB
Agenda No.	Address	MICHAEL ST 53704
Please check the appropriate boxes:		
 ☐ Support ☐ Oppose ☒ Neither Support Nor Oppos 		d ₩ish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an organism (If you answered "no," STOP; you need not of who you represent and go on to the next questions.	t complete the rest of	other than yourself: Yes No this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organizat	ion you are representing:
MARQUETTE NEIGHBO	NMODO DESOLIAT	
MARQUETIC NOIGHBON 953 JENISON ST	53703	
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)		n or organization?
Speaking Limits: Public Hearing (Com Information Hearing	nmon Council)5 n	

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?
	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
	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

ID#05532

Date: 2/5/08

CITY OF MADISON

Registrat	tion Statement	Common Council
Please Print		PLEASE PRINT NAME CLEARLY
Agenda No E Wran (Please check the ap	Satewal propriate box:	Name Address Milion Please check the appropriate box:
At this meeting are y		Wish to speak Do not wish to speak Available to answer questions nization or a person other than yourself: t complete the rest of this form If you answered "yes," provide the name
, 1	t and go on to the next q	nuestion.) h person or organization you are representing:
Are you being paid f	for your representation?	☐ Yes ☐ No
		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	nmon Council) 5 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

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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

	2[5/08]
	CITY OF MADISON
Registration Statement	- Common Council
Please Print	
	PLEASE PRINT CLEARLY
75	Name Robert Horowitz Address 6217 Nitighlands Ave
Agenda No.	Address 6217 Nitightands 110
Please check the appropriate boxes:	교 회사 보다는 것이 되었다. 그는 이 보고 있다. 그 전 환경 보고 있다. 그리고 있다는 것이 되었다. 일 보고 있는 것은 것이 되었다. 그 것이 되었다. 그리고 있는 것이 되었다.
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	ach person or organization you are representing:
Fast Washington	treme Capital Haleway Committe
Are you being paid for your representation	n? ☐ Yes ☐ No
Are you appearing as part of your other pa (If you answered "no," STOP; you need r 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
Information Hearing	ommon Council)5 minutes ag

REGISTRATION STATEMENT - PAGE 2

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