Date: 5/5/01

Registration	n Statement - <u> </u>	Common Council	
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Please Print	-1		
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		The state of the s	e e e e e e e e e e e e e e e e e e e
, , ,		Name / Kor Sultock	<u> </u>
Agenda No.		Address 8185. Common #44	
Agenda 110.		Address () . (ummen TT)	
		Andreal Let CST	19
		- Vullson Lat 301,	/
Please check the appropr	riate boxes:		
Support		and Wish to speak	
<==\ ==		Do not wish to speak	
Oppose		Available to answer questions	
Neither Supp	oort Nor Oppose		*
	· . 		
At this meeting are you	representing an organization	teron or a porson outer man journers.	No
(If you answered "no"	STOP: you need not co	mplete the rest of this form If you answered "yes," provi	de the name
of who you represent an	d an on to the next aves	etion)	
oj wno you represent un	a go on to the new ques	sison, y	
Nome address and talan	hone number of each ne	erson or organization you are representing:	
Maine, address and telep	mone number of cach be	cison of organization you are representing.	
		The second secon	·
Are you being paid for y	our representation?	Yes 🔲	No
The you string point for y	• • • • • • • • • • • • • • • • • • •		
Ara von annearing as na	rt of your other paid du	ities for this person or organization?	Ν̈́ο
Me you appearing as pa	STOP: you wand not co	complete the rest of this form. If you answered "yes," go o	n to the next
	STOF; you need not co	implete the rest of this form if you answered yes, go o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
question)			
		on Council)5 minutes	
I	nformation Hearing	3 minutes	
(Other Items	3 minutes	
and the second s			

	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are 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: 05-05-09

Registration Statement	t - Common Council
	COMMITTEE
Please Print 1417	PLEASE PRINT CLEARLY
	Name ROSEMARY LET Address /// W W//Son 4108
Agenda No. # 4/	- Address /// W W // 50N #/08
Agenda No. #41 Beer Sales	MADISON 53703
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Opp	Oose Available to answer questions
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the ne	organization or a person other than yourself: Yes No I not complete the rest of this form. If you answered "yes," provide the name ext question)
Name address and telephone number of	each person or organization you are representing:
ivalie, address and telephone number of	each person of organization you are representing.
Are you being paid for your representati	on? Yes No
Are you appearing as part of your other j (If you answered "no," STOP; you need question)	paid 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 Limiter Dublic Heaving	Common Council)5 minutes
1 5	ring 3 minutes

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
,		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you ar	re bein	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1	. 11	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	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 ne City-County Building, Madison, for more information)
Date		Signature
		Print Name

Date: MAY 5 2009

Registration Statement - Common Council	
(현실시) 설립 전 경험 전 경험 전 경험 전 경험 전 경험 일 기계	COMMITTEE
Please Print 1417	PLEASE PRINT NAME CLEARLY
	Name Jim Schotz
Agenda No	Address 10505 GORPORATE 1)1
	Name JiM Schutz Address 10505 Gorfarate i) L Persent Proirie
Please check the appropriate box:	Please check the appropriate box:
⊠ Support [Wish to speak
Oppose	AND Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
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 q	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
OPEN PAN for force) Monts
Plansant Prince.	~2
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 to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

Are you an e other govern	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form If y	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
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(Please go t Room 103 of	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 Mr	Print Name Signature fless flats Print Name Signature
	Print Name Imiss Schole

Date: 1/2 / 3009

Registration Statement	COMMITTEE	ouncil
Please Print		
	PLEASE I	PRINT NAME CLEARLY
#41	Name	Kobert Kuhler
Agenda No.	Address	10505 Corporte DR
		flegat frie ut 53108
Please check the appropriate box:		Please check the appropriate box:
Support □	AND	Wish to speak
Oppose L		☐ 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	complete the rest o	other than yourself: Yes No If this form If you answered "yes," provide the name
Name, address and telephone number of each		ntion you are representing:
105057 Corpored	e Dr	
Please Prince	WI	53158
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.)		on or organization?
Speaking Limits: Public Hearing (Com- Information Hearing Other Items		minutes

Are you an other gover	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
(If you answ this form I	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign f 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
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(Please go Room 103 (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: 5/5/09

Registrati	ion Statement -	Common Council	
		COMMITTEE	
Please Print	14171		
	1771	PLEASE PRINT CLEARLY	A 2
		Name // ike // i	Heawalta
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Agenda No		Address / Fast //	and the
		May 537	
·		11/29 331	
Please check the appr	opriate boxes:		
Support		and Wish to spea	A CONTRACTOR OF THE PROPERTY O
Oppose		Do not wish	
	4 N O	Available to	answer questions
Neither Su	ipport Nor Oppos	se	
	.•	•	Yes No
At this meeting are ye	ou representing an org	ranization or a person other than yourself:	
		ot complete the rest of this form. If you answ	rerea- yes, provide ine name
of who you represent	and go on to the next	question)	
		*	· ·
	AV M	ch person or organization you are representi	ng.
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	53703		
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A baina naid £	an riore manuscantation	9	Yes No
Are you being paid to	or your representation?	1	J 110
	t of ways other pai	id duties for this person or organization?	Yes No
Are you appearing as	part of your outer par	ot complete the rest of this form. If you answ	
), SIOP, you need no	of complete the rest of this form, if you all s	vereu yes, go on to the next
question)			
a 11 T1 1	Dallie II.		
Speaking Limits:	Public Hearing (Cor	mmon Council) 5 minutes	
	information Hearing	g 3 minutes	
	Other Items	3 minutes	

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
, ,		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you that:	are bein	ng 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?
		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 _	3	Signature Print Name MBULLITY MBULLIT

Date: 5-5-07

Registration Statement	- Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY,
Agenda No	Name Steve Frank Address 2:115 Pleasant View R Middleton, Wi
Please check the appropriate box:	Please check the appropriate box:
SupportOpposeNeither Support Nor Opp	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the ne.	organization or a person other than yourself: X Yes No not complete the rest of this form. If you answered "yes," provide the name at question)
	each person or organization you are representing:
Frank Beer Vistr	ibuting
Frank Liquor C	
Are you being paid for your representation	on? ☐ Yes ☑No
	paid duties for this person or organization? Yes X No I not complete the rest of this form. If you answered "yes," go on to the next
Information Hear	Common Council) 5 minutes ing 3 minutes 3 minutes

Are you a other gove	n elected official or employee who is appearing solely on behalf of your office or for your municipality or enmental body?
(If you an this form	swered "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
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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 g Room 103	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: 3 -03 - 7
	CITY OF MA	DISON
> 1	Common C	ouncil
Please Print 1417	PLEASI	E PRINT NAME CLEARLY
	Name	PHIL REYNOLDS
Agenda No. 4/	化二甲基乙二甲甲烷 电二二二二	2727-HOMESTEAD RD
		MADISON, WI 53711
Please check the appropriate box:		Please check the appropriate box:
Support✓ OpposeNeither Support Nor Oppose	AND	Wish to speak
At this meeting are you representing an organic (If you answered "no," STOP; you need not confirm of who you represent and go on to the next que	omplete the res	on other than yourself: X Yes No t of this form. If you answered "yes," provide the name
Name, address and telephone number of each p	oerson or organ	zation you are representing:
CENERAL BEER + BEVERACE		
6169-MCKEE RD		
MADISON, WI 53719		
Are you being paid for your representation?		☐ Yes ☒ No
Are you appearing as part of your other paid d' (If you answered "no," STOP; you need not c		rson or organization?

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

question)

Speaking Limits:

Are you an other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form If	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
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(Please go Room 103 oj	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 <u>5/4</u>	Print Name PHIL REYNOLDS
	Print Name PHIL REYNOLDS

			Date: 5	15/01
	CITY OF MADI	SON		
Registration Statement	Common Co	uncil		
Please Print 1417	PLEASE I	PRINT NAME CLE	ARLY	
Agenda No.	Name	Casey Ti		on Circle
		Ve	rong,	V T 1359
Please check the appropriate box:		Please check th	e appropri	iate box:
Support Oppose Neither Support Nor Oppose	AND e	Wish to spea	to speak	estions
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	t complete the rest o	other than yourself: f this form. If you ansv	_	No " provide the name
Name, address and telephone number of eac	h person or organiza 子, くんび	tion you are represent	ing:	
960 Progress U	Nay-			
Sun Prairie	WI 53.	590		
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)	l duties for this person tomplete the rest o	on or organization? If this form If you answ	Yes wered yes,	No go on to the next
Speaking Limits: Public Hearing (Con Information Hearing	and the second s			

Other Items 3 minutes

Are you other gov	an ele ⁄ernm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you ar this form	nswere If yo	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you ar that:	e beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please Room 10	go to 3 of th	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	5	15/09 Signature Clum TM
		Print Name Casen Trodeen

Date: $5\sqrt{5/09}$

Registration Statement -	Common Council
	COMMITTEE
Please Print 1417	PLEASE PRINT CLEARLY
	Name 7/ White
Agenda No.	Address 2708 Lacela 1 Hol
	Madism 53704
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppose	e Available to allower questions
of who you represent and go on to the next q Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name
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 4No to 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

		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)
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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		5/5/09 Signature WW 5/3
		Print Name () ha A () h 1

Date: 5/5/69

Registration Statement -	Common Council
Please Print	
171/1	PLEASE PRINT CLEARLY
	Name ROW TRACHTENBERG
Agenda No. 4/	Address 33 East Main St #500
	Madron WI53703
Please check the appropriate boxes:	
☐ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	e Available to answer questions
At this meeting are you representing an orga	inization or a person other than yourself: Yes No
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
of who you represent that go on to the new q	
Name, address and telephone number of eac	h person or organization you are representing:
Kolley	Williamson Company
Are you being paid for your representation?	Yes No
the second secon	I duties for this person or organization? Yes VDNo
Are you appearing as part of your other paid	t complete the rest of this form. If you answered "yes," go on to the next
question)	
	nmon Council) 5 minutes
•	3 minutes 3 minutes

Are you an el other government	lected 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
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,	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 5	15/09 Signature Rull Cach Apulle

Print Name RONALD M. TRACHTENBERY

Date: $\frac{5}{5}$

Registrat		ommon Council	and the second of the second
	CC	MMITTEE	
Di Duint			
Please Print	14171	PLEASE PRINT CLEARLY	
//		Name 11. Le	Frank
Agenda No.		Address 6740 412.	leegold as,
		Middle	()
Discount about the comm			
Please check the appr	opriate boxes:		
☐ Support		and Wish to sp	peak
Oppose			sh to speak
/==	pport Nor Oppose	Available	to answer questions
	tpport not Oppose		
At this meeting are w	ou representing an organizat	tion or a person other than yourself:	Yes No
At this moving are you	"STOP: you need not com	plete the rest of this form. If you ar	
of who you represent	and go on to the next questi	ion)	isino, cui yos, provinci inci imme
oj mo jeu represen	80 o.v. o 1 1	,	
Name, address and te	lephone number of each per	son or organization you are represe	nting:
• ····································			
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			O. Line
Are you being paid for	or your representation?		☐ Yes ☐ No
		0.41	
		es for this person or organization? Applete the rest of this form. If you a	∐ Yes
questions			
Speaking Limits:	Public Hearing (Common	Council) 5 minutes	
-L	Information Hearing		
	Other Items		

Are you an elected official or employe	e who is appearing solely on behalf of yo	our office or for your municipality or
other governmental body?		Yes No

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

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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Date $\frac{5}{5}$

Signature

Print Name

Date: 5/5/69

Registration Statement -	
	COMMITTEE
Please Print 14171	PLEASE PRINT NAME CLEARLY
	Name SPEUE WHEELEM
Agenda No.	Address 4669 HIGHWOO CIRCLE
	MIDERTAIN, WI 53567
Please check the appropriate box:	Please check the appropriate box:
Support	☐ Wish to speak AND Do not wish to speak
Oppose Noith on Surrout No O	Available to encure questions
☐ Neither Support Nor Oppos	⁶ 대한 사람들이 들어가 되었다. 그는 사람들이 되었다. 그는 사람들이 되었다. 2011년 - 1일 대한 사람들이 보는 사람들이 되었다.
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	t complete the rest of this form. If you answered 'yes," provide the name
Name, address and telephone number of eac	h person or organization you are representing:
FRAMIBEN DISM.	
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)	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

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answe this form If y	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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(Please go to Room 103 of	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	15/08 Signature Shkhhh
	Print Name STEUW (WOTCH)

Date: 05/15/05

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No.	Name MAHENDRAN Address 910 DARIEN DR MSW 53717
Please check the appropriate box:	Please check the appropriate box:
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 organ (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	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
	mon Council) 5 minutes 3 minutes 3 minutes

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(If you answe this form If y	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?
(Please go to Room 103 of	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: 5-5-09

Registration Statemen	
보고 하고 불만하다 하는 것 같아 같아.	
Please Print	보는 사람들에 발표하는 보고 있다는 사람들이 보고 하는 것이 되는 것이 되는 것이 되었다. 그는 것은 것이 되었다. 사람들은 한민국 및 기계
1417]	PLEASE PRINT CLEARLY
	Name MATT SCHOENHERR Address 1610 LINNERUD DR SUN PRAIRIE, WI 53590
Agenda No. 4/	Address 1610 LINNERUD DR
	SUN PRAIRIE, WI 53590
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Op	Available to answer questions
Treffice Support Not Op	
At this meeting are you representing an (If you answered "no," STOP ; you need of who you represent and go on to the n	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name ext question)
Name, address and telephone number of	f each person or organization you are representing:
· · · · · · · · · · · · · · · · · · ·	
Are you being paid for your representat	ion? Yes \(\sum \) No
	paid duties for this person or organization? Yes No d not complete the rest of this form. If you answered "yes," go on to the next
	Common Council)5 minutes
	ring 3 minutes
	3 minutes

		lected official or employee whental body?	o is appear	ring solely	on behalf of ye	our office or i	for your municipa Yes \(\sum \) No	lity or
		ered "yes" to the question, ST (vou answered "no" to the quest				f this form, e	xcept that you mu	st sign
If you that:	are be	eing paid for your representati	on, or if y	our appear	ance is part of	other paid d	uties, please be a	dvised
	1.	Before you engage in lobby with the City Clerk	ing as a lo	bbyist, you	or your princi	pal must file	an authorization	
	2.	Your principal is not permi City Clerk.	tted to auti	horize you	to lobby unles	s you are reg	ristered with the	
	3.,	If your principal spends or period (half year), the principal remainder of the calendar year.	cipal must	nore than \$ t file expe	1,000 for lobby	ying services with the Cit	in any reporting ty Clerk for the	
		to the City Clerk's website <u>w</u> the City-County Building, Mad				<u>html</u> or go to	o the Clerk's Of	fice at
Date	5-		gnature int Name	Nov.	JON SCHOOL	WHER		

(1987년 1984년 1982년 - 1984년 1987년 1984년 1987년 1987년 - 1일 - 1987년	CITY OF MADISON
Registration Statement	Common Council COMMITTEE PLEASE PRINT CLEARLY
Agenda No.	Name Bruce JONGS Address 308 Scott Russ MT. Horeb w 53572
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and ☐ Wish to speak ☑I 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 quality Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name sestion)
-	
please of the man	Ver 17)
Beredo General Be 6169 mc mpisin	W/ 537/9
Are you being paid for your representation?	Yes 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 (Communication Hearing	mon Council)5 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)
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Date2	Signature Sum Jones Print Name Bruce 50 mes