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CITY OF MADISON

Registration Statement	Common Council
Please Print ID# 12771	COMMITTEE PLEASE PRINT CLEARLY
	Name ANDREW HOMBURG
Agenda No. 79	Address 610 CLEAR SPRING CT.
	Monor, WF. 53716
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak (IF STILL HERE (S)) Do not wish to speak Available to answer questions
At this meeting are you representing an organ	nization or a person other than yourself: Yes No complete the rest of this form. If you answered yes," provide the name
Name, address and telephone number of each	
HOMBURG EQUI	ENENT INC.
6106 MILWAY	KET STI
MADION VI	E, 53718
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
Information Hearing	mon Council) 5 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

		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 that:	are bei	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	3/3	31/09 Signature

Print Name

Date: MARCH 31, 2009

CITY OF MADISON

Registration Statement -	Common Council	in the same of
	COMMITTEE	
Please Print		
	PLEASE PRINT CLEARLY	
4 70	Name BRIAN MUNSON	
Agenda No. # 79	Address 170 EAST LAKESIDE.	
	MODISON	
Please check the appropriate boxes:		
/		
Support	and Wish to speak (IF NOT ON Co	NYSENT)
Oppose	Do not wish to speak	
Neither Support Nor Oppose	Available to answer questions)
At this meeting are you representing an organ (If you answered "no" STOP: you need not	nization or a person other than yourself: Yes IT complete the rest of this form. If you answered "yes," provide	No de the name
of who you represent and go on to the next q		
Name, address and telephone number of each	n person or organization you are representing:	•
BENCHMARK DEVELOPMEN	\mathcal{T}	
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Are you being paid for your representation?	Yes 1	No
The year count part to propression		
Are you appearing as part of your other paid	demos for and bereau or or Saminamonic — — — -	No
	complete the rest of this form. If you answered "yes," go or	i to the next
question)		
Speaking Limits: Public Hearing (Com	mon Council)5 minutes	
	3 minutes	
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REGISTRATION STATEMENT - PAGE 2

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
(If you this fo	answei rm. 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)
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(Pleas Room	se go to 103 of i	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 Plan Monton

Date: 3/31/09

CITY OF MADISON

Registration Statement	Common Council	
	COMMITTEE	
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Agenda No.		CODRIDGE RD
	MONDNF	V 53+16
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At this meeting are you representing an organ (If you answered "no," STOP; you need not	complete the rest of this form. If you ans	
of who you represent and go on to the next q	uestion)	
Name, address and telephone number of each	n person or organization you are represent	ing:
HOMBURG E	PUIPMENT	
4621 TOWALL	1.	
1/1/201 -11/20 11/20		
- IVORDNA WA	5376	
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 wered "ves." go on to the next
question)	Complete the rost of this your and	
	nmon Council)5 minutes	
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REGISTRATION STATEMENT - PAGE 2

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Date	3/31/09 Signature GNUS AND MBOLD

Print Name