Date: 3 - /7 - 09

CITY OF MADISON

	ommon Council
COM	MMITTEE
Please Print 13734	PLEASE PRINT CLEARLY
44	Name KAREN THOS
Agenda No.	Address 6505 OLD STUL RD.
	MADISON, W1 5325
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	Available to allower questions
At this meeting are you representing an organization (If you answered "no," STOP; you need not composed who you represent and go on to the next question.	on or a person other than yourself: \square Yes \bowtie No plete the rest of this form If you answered "yes," provide the name on)
Name, address and telephone number of each pers	on or organization you are representing:
Are you being paid for your representation?	☐ Yes 🔀 No
Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not comp question.)	s for this person or organization? Yes No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Information Hearing	3 minutes
Other Items	3 minutes

		cted 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 answered "no" to the question, go on to the next question)	
If you ar	e bein	g 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 ee City-County Building, Madison, for more information)	
Date		Signature	
		Print Name	

Date: 3/17/2008

CITY OF MADISON

Registration Statement - <u>Co</u>	mmon Council
COMI 	
Please Print	PLEASE PRINT CLEARLY
	Name Robert Procter
Agenda No.	Address 109 Talmady St. TADISON
	MADISON
Please check the appropriate boxes:	
Support	and Wish to speak Do not wish to speak
Oppose Neither Support Nor Oppose	Available to answer questions
Name, address and telephone number of each person	lete the rest of this form. If you answered "yes," provide the name 1)
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid duties (If you answered "no," STOP ; you need not compaquestion.)	for this person or organization? Yes No lete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Conformation Hearing) Other Items	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 f the City-County Building, Madison, for more information.)	
Date	_3,	17/09 Signature Robert C Procter	

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Date:	<u> </u>	/ /	

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CITY OF MADISON

Common Council

Registration Statement -

COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. Please check the appropriate boxes: Wish to speak Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: Yes (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 number of each person or organization you are representing: Yes Are you being paid for your representation? Yes Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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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

	CITY OF MADISON
Registration Statement	Common Council /ST COMMITTEE PLEASE PRINT CLEARLY
Agenda No. 44	Name <u>LaVerne Theis</u> Address <u>8821 Mineral PT Rd</u> <u>Verona Wis 53593</u>
Please check the appropriate boxes:	
Support Oppose 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 que Name, address and telephone number of each	ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name testion)
Are you being paid for your representation?	☐ Yes 🔀 No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not equestion.)	luties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next

Date: 3 / 7,09

Speaking Limits:

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or large transfer which is appearing solely on behalf of your office or for your municipality or municipality or large transfer which is appearing solely on behalf of your office or for your municipality or municipality or large transfer which is appearing solely on behalf of your office or for your municipality or municipality or large transfer which is appearing solely on behalf of your office or for your municipality or municipality or large transfer which is appearing solely on behalf of your office or for your municipality or municipality or large transfer which is appeared to the property of the prop
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Date	Signature
	Print Name