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Date:	71	26	105	
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# CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print D#14258  Agenda No. 85	PLEASE PRINT NAME CLEARLY  Name Poy Schmitz  Address 102 FERGHLAND PLACE  MONONA WI
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 qu	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 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 (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 3 minutes

### REGISTRATION STATEMENT - PAGE 2

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Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?
	red "yes" to the question, <b>STOP.</b> 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.)
76	
Date $\frac{1}{2}$	Signature Fou
	Print Name Koy Schmitz

Date: 7/21/09

## **CITY OF MADISON**

Registration Statement	
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY ,
	1 Name Ron trackteusers
Agenda No. 85	Address 33 East Main 14#500
	Ma J. Han 53703
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppo	ose Available to answer questions
(If you answered "no," <b>STOP</b> ; you need to of who you represent and go on to the nex	ganization or a person other than yourself: 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:
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 question)	aid 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 ng3 minutes 3 minutes

#### **REGISTRATION STATEMENT - PAGE 2**

- 4	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, <b>STOP.</b> 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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	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: 7/21/09

## **CITY OF MADISON**

Registration Statement	Common C	<u>ouncil</u>
Please Print		
	PLEASE	PRINT NAME CLEARLY
	Name	Kon Trachtenies
Agenda No. 86	Address	33 Earl Main H #500
		Madron WISD?
Please check the appropriate box:		Please check the appropriate box:
Support		Wish to speak
Oppose	AND	Do not wish to speak
Neither Support Nor Oppose	e di di di di di di	Available to answer questions
Name, address and telephone number of each		ration you are representing:
If on conound	Loson de la	a for 2 refusal
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 pers t complete the rest	son or organization?  Yes No of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	nnoannaonna man monecoenaras	3 minutes

#### **REGISTRATION STATEMENT - PAGE 2**

Are you an elected official or employee 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
(If you answered "ves" to the question. <b>STOP.</b> 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:
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
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 the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)
Date 7/21/09 Signature Panal Walley
Print Name RONALD M. TRANSFRG