	/_ /_		
Date:	7/21/0	9	

CITY OF MADISON

Registration Statement	Common Council
Please Print ID# 13963	PLEASE PRINT NAME CLEARLY
Agenda No. 776 13963	Name <u>TIMOTHY W. WARDEN</u> Address <u>1916 E. WASHINGTON AV.</u> MANISON
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	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?
	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?
	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 b that:	eing 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?
	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: $\frac{7/21/09}{}$

CITY OF MADISON

Registration Statement -				
Please Print	COMMITTEE			
Today I Till	PLEASE PRINT NAME CLEARLY			
4 ,7 11 12 13 13 13 13 13 13 13 13 13 13 13 13 13	Name Kamona Weakland Warden Address 1916 E. Wash. Are.			
Agenda No. 6 13963 Name Name Name Weakland Ward: Address Nev 1916 E. Wash. Ave.				
Please check the appropriate box:	Please check the appropriate box:			
Support Support	☑ Wish to speak			
Oppose Nathan Samuel N. O.	AND Do not wish to speak Available to answer questions			
☐ Neither Support Nor Oppose	으로 보고 있는데 그런데 보고 있는데 보고 있는데 그런데 그런데 그런데 그런데 그런데 그런데 그런데 그런데 그런데 그런			
At this meeting are you representing an orga (If you answered "no," STOP; you need not	t complete the rest of this form. If you answered "yes," provide the name			
of who you represent and go on to the next q				
Name, address and telephone number of eac	h 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 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			

	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, 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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Date	Signature :
	Print Name

	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	DI EASE DOINT NAME OF A DIV
	PLEASE PRINT NAME CLEARLY
	Name John Koch
Agenda No. 6	Address 2134 E. Washing for Am.
	M.J.w., WI 53704
Please check the appropriate box:	Please check the appropriate box:
☐ Support ■	■ Wish to speak
Oppose	AND Do not wish to speak
Neither Support Nor Oppos	e Available to answer questions
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 question.) h person or organization you are representing:
P.O. Box 3385	
M.J. von, WI 53704	
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
Speaking Limits: Public Hearing (Com Information Hearing Other Items	nmon Council) 5 minutes 3 minutes

Date: 1/21/2009

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or I Yes INO
	wered "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.)
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	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: ULY 21 2009

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print		PLEASE PF	RINT NAME CLEA	ARLY	
Agenda No		Name	JOHN W. 104 KINL MADISON	\	
Please check the app	ropriate box:		Please check the	e appropriate	box:
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to spea Do not wish Available to	to speak	ons
(If you answered "no, of who you represent o	u representing an organize of STOP; you need not contained go on to the next quest ephone number of each possible.	mplete the rest of t tion)	his form. If you answ		□ No wovide the name
Are you being paid for	r your representation?			Yes	☐ No
	part of your other paid du " STOP; you need not co			Yes wered "yes," §	☐ No go on to the next
Speaking Limits:	Public Hearing (Commo	3 m	inutes		

	n elected offici ernmental body		ee who is appea	ring solely on b	ehalf of your of	fice or for yo	ar municipality or No
			n, STOP You ne question, go on			form, except i	hat you must sign
If you are that:	being paid for	r your represe	entation, or if y	our appearance	is part of other	paid duties,	please be advised
1.		ou engage in l City Clerk	lobbying as a lo	bbyist, you or y	our principal mu	ist file an aut	horization
2.	Your prin		permitted to aut	horize you to lo	obby unless you	are registere	d with the
3.	period (h		principal must	,) for lobbying se tatements with		1 0
			site <u>www.cityofi</u> , Madison, for n			r go to the	Clerk's Office at
Date			Signature	<u> </u>			
			Print Name				