사용 화면 회사를 발발을 몰라 보고 말라서 살림을 받다.		Date: 1 20 200 ]
	CITY OF MAD	ISON
Registration Statement -		ouncil
Please Print	COMMITTEE	
	PLEASE	PRINT NAME CLEARLY
	Name	MICHAEL SLAVHEY
Agenda No. 15	Address	4024 SHERDOOD RD
10# 15260		MADISOH
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppos	AND	
At this meeting are you representing an orga	anization or a person t complete the rest of	n other than yourself:
Name, address and telephone number of eac	ch person or organiz	ation 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		on or organization? Yes No

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

question)

Speaking Limits:

-	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

	CITY OF MADISON			
Registration Statement	Common Council COMMITTEE			
Please Print	PLEASE PRINT CLEARLY			
Agenda No. <u>73</u> (D # 15260	Name Jon Hoffman  Address 506 Onhard tr.  Madison, WI			
Please check the appropriate boxes:	실임하는 한 환경을 하지만 보면 된 경험을 받는 것 같은데요? 그는 일은 것은 모든 그렇게 불교를 하고 있는 것을 받는 것 같은 모든 사람들이 되었다고 있다는 것 같다.			
<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	and Wish to speak  Do not wish to speak  Available to answer questions			
At this meeting are you representing an organization or a person other than yourself: Yes No (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				
Miduale Hazuts-Westmorla	nd Joint Geering Committee			
Are you being paid for your representation?	☐ Yes ☑No			
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; 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			

Date: 9-1-09

	elected 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	ered "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 bothat:	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: 9 - 1 - 09

Registration Statement -			
	COMMITTEE		
Please Print	PLEASE PRINT CLEARLY Provided  Skong  Name Judy Skog  Address 626 Orchard Dr.  Madison, WI 537//		
	Name Judy Skoc		
Agenda No. 73	Address 626 Orchard Dr.		
10 = 15260	Madison WI 537/1		
Please check the appropriate boxes:			
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organ	nization or a person other than yourself: Yes \ \ No \ \ tomplete the rest of this form. If you answered "yes," provide the name		
Name, address and telephone number of each	h person or organization you are representing:		
Midvale- Heishts U	restmorland Joint Steering		
Committed	restmorland goint Steering		
Are you being paid for your representation?	☐ Yes ঐNo		
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	amon Council)5 minutes 3 minutes 3 minutes		

	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, <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.)			
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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	9-1-09 Signature Qualy Skog			
	Print Name Judy 5K09			

	Date: $9/\sqrt{9}$			
	CITY OF MADISON			
Registration Statement	Common Council COMMITTEE			
Please Print	PLEASE PRINT CLEARLY			
Agenda No. 73	Name Denise L. Lamb Address 4409 Mineral Point RV.			
/D #/5260 Please check the appropriate boxes:	Mdsn 5370s			
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 organization or a person other than yourself: Yes \sum No (If you answered "no," <b>STOP</b> ; 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:			
Joint Steering Committee you	Miduale Heights - Westmorland Neighber-			
Nood Ylan				
Are you being paid for your representation?				
Are you appearing as part of your other paid duties for this person or organization?   Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)				
	mon 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?
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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 Amise Famb Print Name 9/04/09
	Print Name 9/04/09

Date: 9/1/2009

Registration Statement -	Common Council		
Please Print	PLEASE PRINT CLEARLY		
	Name Eleen Hannigan		
Agenda No. 73	Address 4022 Winnemac Are		
10 # 15260	Madism WI S3711		
Please check the appropriate boxes:	성보기 등 하는 보고 있는 이번 보고 있다. 그는 그는 그 전에 하는 한 번째 하는 것이 되는 것이 되었다. 그는 그는 것이 없는 것이다. 		
Support Oppose Neither Support Nor Oppos	and ├── Wish to speak ☐ Do not wish to speak ☐ Available to answer questions e		
At this meeting are you representing an organization or a person other than yourself: Yes No (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 eac	h person or organization you are representing:		
Midvale Heights - Westmortal	Joint Steering Committee		
Are you being paid for your representation?  Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	Yes Mo  I duties for this person or organization? Yes Mo  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 unental body?
	ered "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)
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Date	Signature
	Print Name

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Date:	1/	1	U	<u> 1986 (19</u>

Registration Statement -	Common Cou	ncll
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	PLEASE PRIN	一点,我们的一点,一个大概的一点就是一点,就不是一个大概,我们的人们的一个人们是一定在这个一点,不是一个一个一点,我们
	Name	Ken Skos
Agenda No. 73	Address	626 ORCHARD DR
10#15260		Ken 5kos 626 ORCHARD DR MADISM, WI 53711
Please check the appropriate boxes:		
Support Oppose Neither Support Nor Oppos	and e	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next q	t complete the rest of th	ner than yourself:  \[ \sum \text{Yes} \sum \text{No} \] his form If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organizatio	n 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," <b>STOP</b> ; you need no question)		or organization?
Information Hearing	nmon Council)5 mi 3 mi 3 mi	nutes

	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, <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.)
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Date	Signature
	Print Name

				Date:	
		CITY OF MAD	ISON		
Registra	tion Statement -	Common Co	ouncil		
		COMMITTEE	<u>Juno</u>		
Please Print					
			RINT CLEARLY		
	7-9	Name _	NUW HARSI	5 KBAC	
Agenda No/	3	Address	1022 Pip	or Drive	
10	# 15260		63711		
Please check the app	oropriate boxes:				
Support		a		to speak	
Oppose			∐ Avai	ot wish to speak lable to answer qu	estions
Neither S	upport Nor Oppos	e			
(If you answered "n of who you represen	you representing an orga o," STOP; you need no at and go on to the next of telephone number of each	t complete the rest of question)	of this form. If y	ou answered "yes,	<del></del> '.
Are you appearing a (If you answered "r	for your representation?  as part of your other paid  so," STOP; you need no	duties for this pers			No
question)					
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	5	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, <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)
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Date	Signature
	Print Name

	CITY OF MADISON
Registrati	ion Statement - Common Council
Please Print	마는 것이 되었습니다. 그는 사람들은 사람들은 살아 보는 것이 되었습니다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
	PLEASE PRINT CLEARLY
	> Name Paul Hasken
Agenda No.	S Address 453 Treestad Plenn
	15260 S3N1
Please check the appr	
lease check the appr	opitate boxes.
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Su	pport Nor Oppose
If you answered "no of who you represent	ou representing an organization or a person other than yourself: Yes No, "STOP; you need not complete the rest of this form. If you answered "yes," provide the name and go on to the next question.)  lephone number of each person or organization you are representing:
Are you being paid fo	or your representation?
	part of your other paid duties for this person or organization? Yes No," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

Are you an ele	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, <b>STOP.</b> 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)
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Date	Signature
	Print Name

	CITY OF MADISON
Registration Statement	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Janice G. Gary
Agenda No. 13	Address 4922 GROTON Lane
10 #15260	Name Janice G. Gary Address 4922 Groton Lane Madison, WI 53711
	용하는 발표 한다는 다른 <u>이 보고 있는 것이 되었다. 그는 것이 되었다면 되었다. 그는 것이 되었다면 되었다. 그는 것이 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면</u>
Please check the appropriate boxes:	
⊠ Support	and Wish to speak  Do not wish to speak
Oppose	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 qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
MHOA	1 Board of Directors
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
그 사람이 되는 그를 가는 그를 가는 것이 되었다.	mon Council)5 minutes
	3 minutes

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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)
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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	Signature
	Print Name

	CITY OF MADISON
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Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Jewn M. Sweet
Agenda No. 73	Address 506 Woodside Ter
1D#15260	resident 56 years 53711
Please check the appropriate boxes:	
⊠ Support	and Wish to speak
Oppose	
Neither Support Nor Oppos	Se Available to answer questions
(If you answered "no," <b>STOP;</b> you need no of who you represent and go on to the next	ch person or organization you are representing:
Are you being paid for your representation	
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question)	d duties for this person or organization?   Yes   No  ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 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, <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)
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Date	Signature
	Print Name

	Date:
	CITY OF MADISON
Registration Statement	Common Council
Please Print  Agenda No. 73	PLEASE PRINT CLEARLY  Name Paul A. Bake  Address 4409 Minural H. P. S. 3. 7.0.5
Please check the appropriate boxes:	
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 orga (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	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," <b>STOP</b> ; you need not 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

Public Hearing (Common Council).....5 minutes Information Hearing.......................... 3 minutes

Other Items ...... 3 minutes

Speaking Limits:

Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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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 Q	Signature PAU BAKER

Date: 9/1/09

Registration Statement			
	MAN C <b>OMMITTEE</b> BAN BANAN BANA		
Please Print	PLEASE PRINT CLEARLY		
	Name Cary Duson		
Agenda No.	- Address 637 Charles Lu		
10#15260	madism		
Please check the appropriate boxes:			
Support	and Wish to speak		
Oppose	Do not wish to speak  Available to answer questions		
Neither Support Nor Opp	OSE Available to answer questions		
of who you represent and go on to the ne	not complete the rest of this form. If you answered "yes," provide the name xt question) each person or organization you are representing:		
Are you being paid for your representation?  Are you appearing as part of your other paid duties for this person or organization?  Yes  No  (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next			
question)			
Information Hear	Common Council)5 minutes ing		

	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, <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)	
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Date	Signature	
	Print Name	

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Date:	1 - 1 -	/ -	1-	-0	1		
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Registration Statement	- Common Council
Please Print	
a de de la companya di Maria de la companya de la companya di Maria de la companya di Maria de la companya di Maria di Maria di Ma	PLEASE PRINT CLEARLY
	Name Kate Crowley
Agenda No. 73	Address 537 Rushmore Lane
1D#15260	Name Kate Crowley  Address 537 Rushmore Lane  Madison, W1 53711
	현실 경기 발표 전문 경기를 가는 것이 되었다. 보고 보고 있는 것이 되었다. 그 보고 있는 것이 되었다. 하는 것이 되었다. 하다 하는 것은 사람들은 사람들은 보고 있는 것이 되었다. 그 것이 되었다. 그 것이 되었다.
Please check the appropriate boxes:	그는 사람들은 사람들은 아이들은 사람들은 사람들은 사람들이 살아 있다.
Support Support	and Wish to speak
Oppose	<ul><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Neither Support Nor Oppo	
At this meeting are you representing an or	ganization or a person other than yourself: Yes No
(If you answered "no," STOP; you need n	not complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the nex	t question)
Name, address and telephone number of e	ach person or organization you are representing:
Are you being paid for your representation	n? ☐ Yes 风No
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question)	nid 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 Limits: Public Hearing (Co	ommon Council)5 minutes
Information Hearing	ng3 minutes
Other Items	minutes 3 minutes

Are you an eleother governm	nental body?    Yes   No
	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:	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?
	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 <u>9/1</u>	$\sqrt{09}$ Signature $\sqrt{-}$
	Print Name Lak Crowley

	Date: 9/1/09
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Andrew Cintres
Agenda No. 73	Address 537 Rushmure Ln.
10#15260	Address 537 Rushmore Ln. Madison, WI
Please check the appropriate boxes:	Proportion (Control of the Control
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 orga (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

Yes

Speaking Limits:

question)

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

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

Are you an el other governn	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, <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 be	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date/	1/09 Signature 5 Cut
	Print Name Andrew S. Contiss