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Date:	Syst 1)	0	1

Registrati	on Statement	COMMITTEE	ouncil
Please Print	15829	PLEASI	E PRINT NAME CLEARLY
		Name	Sonya Newschousz
Agenda No.			
			1425 Rutledge Madison, WI 53703
Please check the app	ropriate box:		Please check the appropriate box:
Support 1	Le library 1 F		¶
Oppose		AND	☐ Do not wish to speak☐ Available to answer questions
Neither Su	pport Nor Oppose		
(If you answered "no,	u representing an organ "STOP; you need not and go on to the next qu	complete the resi	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and tel	ephone number of each	person or organi	zation you are representing:
Are you being paid for	r your representation?		☐ Yes ☐ No
Are you appearing as (If you answered "no, question)	part of your other paid on "STOP; you need not	duties for this per complete the res	son or organization?
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	eranaan maan maan in 1 maa can in	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are l that:	peing 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 of the City-County Building, Madison, for more information)
Date	Signature
	in the control of the

Date: 9-15-09

Registration		nmon Coun			
Please Print		PLEASE PRI	IT NAME CLEARI	LY	
Agenda No. 7 – 15	<i>829</i>	Name Address 7	ick (V) 39 Teni	agner Fer	
Please check the appropr	iate box:		Please check the a	ppropriate box:	
Support Oppose Neither Suppo	rt Nor Oppose	ND	Wish to speak ☐ Do not wish to s ☐ Available to ans		
At this meeting are you rep (If you answered "no," ST of who you represent and	<b>OP;</b> you need not compl	ete the rest of this		☐ Yes ☐ No ed "yes," provide the na	ıme
Name, address and telephone Down Tow	// // //	n or organization ロケー/ エア	you are representing:		
					. · · ·
Are you being paid for you	ar representation?			☐ Yes 💢 No	
Are you appearing as part (If you answered "no," Si question)	• • •	***	_	☐ Yes ☐ No ed "yes," go on to the n	ext
Inf	blic Hearing (Common Cormation Hearing	3 minu	ites		

	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.)
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: 4/15/09

Registration S	The state of the s	nmon Co	uncil			
	СОММ	IIIEE				
Please Print #1582	79	PLEASE P	PRINT NA	AME CLE	EARLY	
Agenda No. 7 (a)	HARLE	Name	Todo	15tr	eiche	
Agenda No. 7 (3)	977-37	Address	535,	1700h	ranch	5704
Please check the appropris	nte box:		Plea	se check t	he appropr	iate box:
Support Oppose	A	ND			h to speak	
Neither Suppor	t Nor Oppose			Available t	o answer qu	estions
At this meeting are you represent (If you answered "no," STO of who you represent and go Name, address and telephone	<b>P;</b> you need not comple on to the next question	ete the rest of )	this form	If you ans	swered "yes,	
Are you being paid for your	representation?				☐ Yes	⊠ No
Are you appearing as part of (If you answered "no," STo question)					☐ Yes swered "yes	⊠ No ," go on to the next
Info	lic Hearing (Common Cormation Hearing	3 r	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, <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 of the City-County Building, Madison, for more information
Date	Signature Signature
	Print Name Told Stricke

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		CITY OF MA	DISON			
Registration	on Statement -	Common	Council			
		COMMITTEE				
Please Print		PLEAS	E PRINT NA	ME CLEA	<b>IRLY</b>	
		Name	Dav	id in	12/1/n	Pir
Agenda No. 158	29		451	A CONTRACTOR OF SECURITION	and the state of t	子事 こうかんしょ はんかん しょりょ
Please check the app	ropriate box:		Pleas	e check the	e appropria	te box:
Support Oppose	Library 1		<b>¬</b> ⊠ w	ish to spea	k	
Oppose \	PleN)	AND		o not wish		
Neither Su	pport Nor Oppos	e	— ЦА	variable to	answer ques	tions
At this meeting are yo (If you answered "no, of who you represent	" STOP; you need no	t complete the re:				☐ No provide the name
Name, address and tel	ephone number of eac	ch person or organ	ization you are	representi	ng:	
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the Cer	Library Itral Li	brary	Propos.	al		
Are you being paid fo	r your representation?				☐ Yes	☑ No
Are you appearing as (If you answered "no, question)	- •	_		· ·	☐ Yes vered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	<b>3</b>	3 minutes			

	lected 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.)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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

Date: 9/15/09

Registration Statement	Common Council COMMITTEE
Please Print # 15829	PLEASE PRINT NAME CLEARLY
Agenda No. <u>#7 — LIBR科Y</u>	Name Minus SLAVISH  Address HOVOE PROPORTIES  122 W. WASHIMOTON
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 que	complete the rest of this form. If you answered "yes," provide the name
	n person or organization you are representing:
_ SAME AS ABOVE	
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 t 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

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Are you an ele other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
(If you answer this form. If yo	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign au answered "no" to the question, go on to the next question)
If you are bein that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
	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?
(Please go to Room 103 of ti	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 9	/15/09 Signature
	Print Name MIKE SCAVISH

Date: 1/15/07

Registration Statement -	Common Council
	COMMITTEE
Please Print #15829	PLEASE PRINT CLEARLY
	Name Scatt Vaugus
Agenda No.	Address 4722 La Fayette Dr.
Agenda No.  Support Edgewater  + Library	Name Scott Vaughn  Address 4722 La Faye He Dr.  Malison WI 53705
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and Wish to speak  Do not wish to speak  Available to answer questions  Se
(If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	회사 대략 트롤링 이번 일본, 불리하다는 아이라고 먹는 것으로 했다.
	ch person or organization you are representing:
1602 S. Brk	St. #204
Building trade 1602 Salark Modison W	I 53715
Are you being paid for your representation	? Yes No
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? X Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council) 5 minutes g 3 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)
If you are be 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 fifthe City-County Building, Madison, for more information.)
Date $\frac{9}{4}$	Signature STO Vary In Print Name Scott Vava 40

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	CITY OF MADISON			
Registration Statement	Common Council			
Please Print #15829	PLEASE PRINT CLEARLY			
	Name Mark W. Hottmann			
Agenda No. 7	Address 1602 S. Park Street			
Edgewater Hotel	Malion WI 53715			
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose  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	person or organization you are representing:			
Vaterational Brotherland	A Electrical Workers Local Union 159			
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 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

question.)

Speaking Limits:

	lected 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)	
If you are be that:	sing paid for your representation, or if your appearance is part of other paid duties, please be advised	
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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 the City-County Building, Madison, for more information)	
Date <u>9/</u>	15/09 Signature Mark D. Heff	
	Print Name Mark D. Hollman	

Date: 9/15/09\_\_\_

Registrat	tion Statement	Common Co	ouncil	
Please Print #	- 15829 7-LiBRANY	Name 7	PRINT NAME CLEARLY  REGINA MIKANES  25 FUCCER  MANISON 5.540K	
Please check the ap	propriate box:		Please check the appropriate box:	
Support Oppose Neither S	upport Nor Oppos	AND e	Wish to speak ☐ Do not wish to speak ☐ Available to answer questions	
(If you answered "ne	you representing an orga o, " <b>STOP;</b> you need no t and go on to the next q	t complete the rest	on other than yourself:  \[ \sum \text{Yes} \sum \text{No} \]  of this form. If you answered "yes," provide the national states of the provide the pro	me
Name, address and t	elephone number of eac	ch person or organiz	zation you are representing:	
				1.
Are you being paid	for your representation?		☐ Yes ☐No	
Are you appearing a (If you answered "n question.)	s part of your other paid o," <b>STOP;</b> you need no	d duties for this person to complete the rest	son or organization?  Yes No t of this form If you answered "yes," go on to the ne	2X1
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	<b>3</b>	3 minutes	

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	
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	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//	15/9 Signature Longh / Can	
/ (	Print Name Recard M. Mulden	

Date: 9/15/09

Registration Statemen	t - Common Council
Please Print # 15829	PLEASE PRINT CLEARLY
Agenda No.	Name Scatt Herrick  Address 505 Wolton Place, M.
Please check the appropriate boxes:	
Support Library Oppose Neither Support Nor Opp	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an a (If you answered "no," STOP; you need of who you represent and go on to the ne	organization or a person other than yourself: Yes No No not complete the rest of this form. If you answered "yes," provide the name ext question)
Name, address and telephone number of	each person or organization you are representing:
Are you being paid for your representati	on?
	paid duties for this person or organization?   Yes No  No  not complete the rest of this form If you answered "yes," go on to the next
Information Hea	Common Council) 5 minutes ring 3 minutes 3 minutes

Are you an e other govern	lected 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.)	
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised	
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	
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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	Signature	
	Print Name	

Date: 9 - 15 - 09

# 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 Agental  Agenda No. 2007	PLEAS Name Address	SE PRINT NAME CLEA JUMAN ( 3 210 Mar	khmitz inetteff.
Please check the appropriat	e box:	Please check the	e appropriate box:
Support Oppose Neither Support	AND Nor Oppose	Wish to spea  Do not wish  Available to	k to speak answer questions
At this meeting are you repre (If you answered "no," STO of who you represent and go	senting an organization or a per P; you need not complete the re on to the next question.)	rson other than yourself: est of this form If you answ	Yes No No vered "yes," provide the name
Name, address and telephone	number of each person or orga	nization you are representi	ng:
1015 C. L	Dask		
443-19	70		
Are you being paid for your representation?			
Are you appearing as part of (If you answered "no," STO, question)	your other paid duties for this per paid duties for this per pour need not complete the r	person or organization? est of this form. If you ans	Yes No No wered "yes," go on to the next
Inform	Hearing (Common Council) nation Hearing	3 minutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or Yes No 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 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 1 with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered with the 2.. 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? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at

Date 9 - 15 - 09

Signature

Print Name

Date: 9 - 15 - 09

# 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 Cap  Agenda No. 4415	ital budge sewater 5829	PLEASE PF Name Address	RINT NAME CLEARLY Moon Schmi 10 Marintell	ity Yr.
Please check the app	oropriate box:		Please check the appropriat	te box:
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to speak  Do not wish to speak  Available to answer quest	tions
(If you answered "no, of who you represent	ou representing an organiza," STOP; you need not con and go on to the next quest lephone number of each per	nplete the rest of t tion.)	his form. If you answered "yes," ,	☐ No provide the name
DM				
Le151	J. Wash.			
443-	1970		0	
Are you being paid fo	or your representation?		Yes	□ No
	part of your other paid duti ," STOP; you need not con		or organization? Yes this form If you answered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items		inutes	

Are you an electother governmen	ted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body?		
	d "yes" to the question, <b>STOP</b> . 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 are being that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised		
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Į	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 control of City-County Building, Madison, for more information.)		
Date 9-/	5-09 Signature Suban Schmith		
7	Print Name		