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			E PRINT NAME CLEA		
Agenda No.	7#15829 ALLIBRARY	Name Address	Tom DE 629 Cour MADISON	CHANT SHORE	Drive
Please check the ap	THE SE		Please check th		
Support Oppose Neither S	upport Nor Oppose	AND	☐ Wish to spea ☐ Do not wish ☐ Available to	ak to speak answer ques	stions
(If you answered "n of who you represen	you representing an organize, "STOP; you need not contain and go on to the next que elephone number of each p	omplete the resi stion)	t of this form If you ansv	vered "yes,"	No provide the name
					<b>≻</b> ∕.
Are you appearing a	for your representation? s part of your other paid du o, " STOP; you need not co	uties for this pe complete the res	rson or organization? t of this form. If you ans	Yes Yes wered "yes,"	
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items		.3 minutes		

		lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 that:	are be	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 _		Signature	
		Print Name	

### Comments related to the proposed budget for the new Central Library:

I strongly **SUPPORT** the proposed increase in city funding for the Fioredeveloped Central Library replacement. The city should support this effort financially because:

- Reinvestment in the existing building is nearly as costly as replacement, but will not provide a 50-year future for central library services. As a city, we'll again be facing the question of Central Library replacement in 20 years or less if we just fix the existing structure.
- Replacement on the proposed West Washington site provides a much better tax-revenue return by allowing the existing library site to be privately redeveloped. If the existing library were merely renovated, the Fiore site on West Washington could not be developed to any higher use due to limitations on parking. Madison would lose tax base rather than gain it.
- The proposed West Washington sight has far more visibility and class it will both enhance library use and greatly improve this important visual corridor to the Capitol

## **CITY OF MADISON**

Registration Statement	Name of Board, Committee or Con	amission	1
$\sim$	Name of Board, Committee of Con	mussion	1,,,
Name & en A	LC	Date 9'//)	105
Address J849 fc	Winny Dur	Item Capita Bel	Libray -
Malian,	WZ 5371	事	Edgential
Support	Oppose	☐ Wish to Speak	•
	••	Do Not Wish to Spe	
		Available to Answe	r Questions
At this meeting are you representing (If you answered "no." STOP; you need no.	ig an organization or a person of complete the rest of this form. If you	other than yourself: ou answered "yes." go on to the next que	Yes No
Name, address and telephone num	ber of each person or organizat	tion you are representing:	
Downtown Masie	mar. OP		
E. Wooding X	ve		
114,500			
Are you being paid for your repres	entation?		☐ Yes X No
Are you appearing as part of your	other paid duties for this perso	n or organization?	☐ Yes No
(If you answered no" to both these quest If you answered "yes," turn over to the ne	ions, <b>STOP</b> You need not complete to	he rest of this form.	
if you unswered yes, sum over to the the	<del> 4</del> ,		
		<u> </u>	
			# 15829
	CITY OF MAI	DISON	
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Registration Statement	Name of Board Committee or Cor	mmission	
	1	. 21 0 -	
Name Jan 110	s ch	Date 9.15-64	
Address 458 Tegasi	(3)13	Item Labrany	
Otantia OI	7 2/1 2	-	
Support	Oppose	Wish to Speak	1
Central hibrary	#15829	Do Not Wish to Sp  Available to Answer	
central hippory	#15001	Available to Aliswe	
At this meeting are you representing (If you answered "no," STOP; you need to	ng an organization or a person	other than yourself: ou answered "yes," go on to the next qu	Yes No
Name, address and telephone num	ber of each person or organiza	tion you are representing:	
Are you being paid for your repres	sentation?		☐ Yes [☑ No
The year comp paid for your tepres	/WAAU 1000 11 A T T T T T T T T T T T T T T T T T		<b>\</b>
Are you appearing as part of your (If you answered 'no" to both these quest	tions, STOP You need not complete	on or organization? the rest of this form.	☐ Yes No
If you answered "yes." turn over to the ne	ext question)		

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## **Registration Statement - Page 2**

governmental	elected official who is appearing solely on behalf of your office or for your muni- body? "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. "no" to the question, go on to the next questions)	cipality (				
If you are being	ng paid for your representation, or if your appearance is part of other paid duties, do you ur	nderstand	that:			
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 the principal is registered with the City Clerk?  Yes No					
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?					
	"no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at I Madison, for more information)	Room 103 o	f the City-			
Date	Signature					
	Print Name					
Berta de la composition della	Registration Statement - Page 2					
(If you answered	elected official who is appearing solely on behalf of your office or for your muni	icipality				
If you are being	ng paid for your representation, or if your appearance is part of other paid duties, do you ur	nderstand	that:			
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?	☐ Yes	No			
2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?	☐ Yes	□No			
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?	☐ Yes	□ No			
(If you answered County Building Date	"no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at R  Madison, for more information.)  Signature	com 103 oj	the City-			
	Print Name Day A A. Flesen					

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Date: 9 - 15 - 09

# CITY OF MADISON

Registration Statement -	Common Council COMMITTEE
Please Print # 15829	PLEASE PRINT CLEARLY
Agenda No. WWW 7	Name JWW Keiter  Address 1600 Kohler Ct  Wallaker, WI 53597
Please check the appropriate boxes:	가는 이 기계에 보는 것이 많다면 하는 하고 있는 사람들이 되었다. 그들은 보다 근 경기에 가장 말이 하고 있다면 하는 것이 되었다. 그 것이 되었다.
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 org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ch person or organization you are representing:
Are you being paid for your representation	? Yes X 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? Yes X 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 nmental body?  Yes No
	wered "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 that:	being 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
	Print Name

		Date:
	CITY OF MADISON	
Registration Statement -	Common Council	
Please Print #15829	PLEASE PRINT CLEARLY	
Agenda No. 7 Library	Name Barbara Address 458 J. Madi 50	Hesch ean 5t n, WI 5370
Support New Down Oppose Neither Support Nor Oppo	ose ganization or a person other than yourself:	n to speak o answer questions  Yes No
of who you represent and go on to the next		
Name, address and telephone number of ea	ach person or organization you are represen	ing.
Are you being paid for your representation	12	☐ Yes ☐ No
Are you appearing as part of your other pa (If you answered "no," <b>STOP;</b> you need n question)	aid duties for this person or organization?  not complete the rest of this form. If you an	☐ Yes ☐ No swered "yes," go on to the nex
Information Hearin	ommon Council) 5 minutes  ag 3 minutes  3 minutes	

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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Date	Signature
	Print Name

Date: 09.15.09

## **CITY OF MADISON**

Registration Statement	COMMITTEE
Please Print #15829	PLEASE PRINT CLEARLY
Agenda No. 7. 15829	Name EVIN O'MSCJ Address 450 N BANDWIN ST 53703
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 organ (If you answered "no," <b>STOP</b> ; 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:
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 4No 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

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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(Please go to Room 103 of	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	.(5 S) Signature
	Print Name LEVIN OFMICH

				Date.	
		CITY OF MAD	ISON		
Registrat	ion Statement -	Common Co	ouncil		
		COMMITTEE			
Please Print #	-15829	PLEASE P	RINT CLEARLY		
		Name	Rolf	Kodo	feld
Agenda No			101	There n to	A.)
		Addiess	Rolf 602 5 Madisu	11/7	C37A
			/Maa 150	17 00 1	
Please check the app	ropriate boxes:				
Support Oppose		<b>a</b>		vish to speak	
	upport Nor Oppos	e	∐ Availabl	e to answer ques	stions
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Are you being paid f	or your representation?			☐ Yes	□No
	s part of your other paid o," <b>STOP;</b> you need no				☐ No ' go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		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: $Q((S/$	09
	CITY OF MAD	ISON		
Registration Statement -	Common C	ouncil		
Please Print # 15829	PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 14cm 7Cy Golgst	Name _ Address	2S14 made	Chamberla Chamberla	26 m
Please check the appropriate box:		Please check tl	ne appropriate box:	
Support Oppose Neither Support Nor Oppos At this meeting are you representing an organ				
(If you answered "no," STOP; you need no of who you represent and go on to the next of	t complete the rest			
Name, address and telephone number of eac	h person or organiz	zation you are represent	ing:	
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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.)			Yes No wered "yes," go on to	_ the next
Speaking Limits: Public Hearing (Cor		5 minutes		

Other Items 3 minutes

Are you an other gover	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
(If you ans this form. I	wered "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.)
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Date	Signature ( )
	Print Name

	Date: 9 listog
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print #15829  Agenda No. 1  Light water 1 total	PLEASE PRINT CLEARLY  Name DOE DAZDZE WSW  Address 3501 E. WAStingte Dow  MADison a: 53709
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," <b>STOP</b> ; you need no of who you represent and go on to the next of	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each lass were Locals 941 & 80	ch person or organization you are representing:
Are you being paid for your representation?	☐ Yes 【文ÎNo
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 Voo No 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?
	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: 09-15-2009

## **CITY OF MADISON**

Registration Statement -	Common Council
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Please Print # 15 500	
#15829	PLEASE PRINT NAME CLEARLY
	Name Hun Sweeney
Agenda No.	Address 306 N) Pinchney St
Please check the appropriate box:	Please check the appropriate box:
Support !!!	☐ Wish to speak
Oppose O	AND Do not wish to speak
Neither Support Nor Oppos	Available to answer questions
	anization or a person other than yourself: Yes No
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name question)
	ch person or organization you are representing:
Hun Sneeney 301	6 N Pinckney St 608 576 0020 306 N Pinckney St 608 576 5000
Tomana Surgares	3010 11 Dinchard St 608 57/0 5MM
Tomorro Swienry	JUN 1 THERMEY ST 600 STU SICC
<u> </u>	
Are you being paid for your representation?	? ☐ Yes ☑ No
The year complement for your representation.	
Are you appearing as part of your other paid	
(if you answered "no," <b>STOP</b> ; you need no question.)	ot complete the rest of this form If you answered "yes," go on to the next
	mmon Council) 5 minutes
	g
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	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

	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print # 15829	PLEASE PRINT CLEARLY
Agenda No. Edgewater, Library	Name JAMES VICK  Address 1602 S. Park St  Madisan Wt 53715
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 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	complete the rest of this form. If you answered "yes," provide the name uestion)
Bricklingers & Alliand Cra	rttworker's
1602 B. PANK St.	Madison WE 53715
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

Date: 9/15/09

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

Other Items 3 minutes

Speaking Limits:

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?  Yes No
	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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	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 Jan 1
	Print Name James A Vick

	Date: 9115/09
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print # 15829	PLEASE PRINT CLEARLY  Name MAIL GOUF
Agenda No.	Address 4702 S. B. Homer Lan- Madison, WT 53718
Please check the appropriate boxes:	
Support Edge Water 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," <b>STOP</b> ; you need not of who you represent and go on to the next quantity	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
	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
	nmon Council) 5 minutes 3 minutes

Other Items 3 minutes

Are you an elected official or employee who is appearing solely on behalf of your other governmental body?	r office or for your municipality or  Yes No
(If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form. If you answered "no" to the question, go on to the next question.)	this form, except that you must sign
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2. Your principal is not permitted to authorize you to lobby unless City Clerk.	you are registered with the
If your principal spends or will owe more than \$1,000 for lobbying period (half year), the principal must file expense statements we remainder of the calendar year?	ng services in any reporting with the City Clerk for the
(Please go to the City Clerk's website <a href="www.cityofmadison.com/clerk/index.htm">www.cityofmadison.com/clerk/index.htm</a> Room 103 of the City-County Building, Madison, for more information.)	nl or go to the Clerk's Office at
Date 9/15/09  Signature Mark Gauf  Print Name Mark Gauf	
Print Name MACK Gauf	

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Date:	. · · · ·	7/	115	109	4.5
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## **CITY OF MADISON**

Please Print # 15 & 29  Name  Ryan Celellot  Address #702 5. Bithnare land  Machine By Support Elgender + Lower and Wish to speak Do not 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 person or organization you are representing:  Are you being paid for your representation? 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.)  Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes	Registrat	ion Statement	Common	Council		
Please check the appropriate boxes:    Support   Edecarder +   Lowey   and   Wish to speak   Do not wish to speak   Do not wish to speak   Do not wish to speak   Available to answer questions	Please Print # /	58 <i>2</i> 9	PLEASE	PRINT CLEARL		
Please check the appropriate boxes:    Support   Edecarder +   Lowey   and   Wish to speak   Do not wish to speak   Do not wish to speak   Do not wish to speak   Available to answer questions			Name	Ruan C	Dehlhot	
Please check the appropriate boxes:    Support   Edecarder +   Lowey   and   Wish to speak   Do not wish to speak   Do not wish to speak   Do not wish to speak   Available to answer questions	Agenda No.	7	Address	4702 S	Bethroce	2
Support Edgesselve + Library and Wish to speak Do not 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 person or organization you are representing:  Are you being paid for your representation? 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.)  Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes				Madison	WF S:	3718
Oppose Neither Support Nor Oppose  At this meeting are you representing an organization or a person other than yourself:  (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:  Are you being paid for your representation?  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	Please check the appr	opriate boxes:				
Oppose Neither Support Nor Oppose  At this meeting are you representing an organization or a person other than yourself:  (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:  Are you being paid for your representation?  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		Edewater + Lib	rary	and   Wi	sh to speak	
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:    Are you being paid for your representation?   Yes   No     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.)  Speaking Limits: Public Hearing (Common Council)   5 minutes     Information Hearing   3 minutes						
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:  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.)  Speaking Limits:  Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes	Neither Su	pport Nor Oppose		∟ Av	allable to allswel	questions
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.)  Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes	(If you answered "no of who you represent	," STOP; you need not and go on to the next qu	complete the re estion)	st of this form. If	'you answered ")	<del></del>
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.)  Speaking Limits: Public Hearing (Common Council) 5 minutes  Information Hearing 3 minutes						er en
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.)  Speaking Limits: Public Hearing (Common Council) 5 minutes  Information Hearing 3 minutes						
Information Hearing	Are you appearing as (If you answered "no	part of your other paid d	_	_	ation?	Yes No
TRIPET BETTIS A TRIPINES	Speaking Limits:	Information Hearing		3 minutes		

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?
	ed "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 bein 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)
Date	Signature
	Print Name

Date: 9/15/2009

## **CITY OF MADISON**

Registration Statement -	- Common Council
Please Print # 15829	PLEASE PRINT CLEARLY
Library	Name Connie Maxwell
Agenda No. # 7	Address Jou Wis Consin Avenue
	Md 1500, 53703
Please check the appropriate boxes:	마음 마시아 보고 마시아 마시아 보고 있는데 하는데 되었다. 그는 그 말을 하는데 되었다. 
Support Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppo	Available to answer questions
	ganization or a person other than yourself: Yes No
At this meeting are you representing an org	not complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next	
Name address and telephone number of ea	ach person or organization you are representing:
Are you being paid for your representation	n? Yes Ves No
Are you appearing as part of your other pa	aid duties for this person or organization?
(If you answered "no," <b>STOP</b> ; you need n question.)	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 Hearin	ng3 minutes
Other Items	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
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 $\frac{9}{}$	15/2009 Signature Connu E. Muxwell
	Print Name Connu E. Maxwell  Print Name Connue E. Maxwell

	Date: 9-15-09
	CITY OF MADISON
Registration Statement	Common Council
Please Print #15829	PLEASE PRINT CLEARLY
Edge water Hotel	Name Scott Watson
Agenda No. #7	Address 6217 Predmont Rd
Madison Library	Madson W1 53711
Please check the appropriate boxes:  Support	and Wish to speak
Oppose Neither Support Nor Oppose	Do not wish to speak Available to answer questions
of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name vestion)
Name, address and telephone number of each	person or organization you are representing:
Carpenter Local 314 1602 S Park St	
Madeson W1 5371	
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

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

Speaking Limits:

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?				
	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				
	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:
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
# 15829 Agenda No	Name HAROLD HEATH
Agenda No.	Name HAROLD HEATH  Address 1602 5 PARK St.
EDGEWATER	MADISON W1 53715
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 organ (If you answered "no," STOP; you need not of who you represent and go on to the next quantum of who you represent and go on the next quantum of which where the present and go on the present and go on the present and go on the next quantum of which where the present and go on the go of the present and go on the present and go on the go of the g	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?
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

Are you an el other governn		oyee who is appea	ring solely on behalf of your	office or for yo	ur municipality or  No
	-		eed not complete the rest of to to the next question.)	his form, except	that you must sign
If you are be that:	ing paid for your rep	resentation, or if y	your appearance is part of ot	her paid duties,	please be advised
$1_{r}$	Before you engage with the City Clerk		bbyist, you or your principal	l must file an au	thorization
2.	Your principal is n City Clerk.	ot permitted to au	thorize you to lobby unless y	you are registere	d with the
3		the principal mus	nore than \$1,000 for lobbyin st file expense statements w		
	o the City Clerk's w the City-County Build		madison.com/clerk/index.htm more information.)	<u>nl</u> or go to the	Clerk's Office at
Date 9-	15-09	Signature	Ydarold Ylea	th = 0.21	

	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print # 15829 Agenda No. Item 7 Edgewater Support	PLEASE PRINT CLEARLY  Name Leonard Shelton  Address 4702 5. Biltmore Lane  Mad. Wir. 53718
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions  e
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	nization or a person other than yourself: \(\sum \text{Yes}\) No to complete the rest of this form. If you answered "yes," provide the name question.)
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," STOP; you need no question)	duties for this person or organization?

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

Other Items ...... 3 minutes

Speaking Limits:

		elected official onmental body?	or employe	e who is appea	ring solely o	n behalf of	your office (	or for your m	unicipality or ] No
		vered "yes" to tl 'you answered "					of this form	except that	you must sign
If you that:	are l	peing paid for ye	our represe	ntation, or if y	our appearai	nce is part o	of other paid	duties, plea	se be advised
	1	Before you owith the City		obbying as a lo	bbyist, you o	or your princ	cipal must fi	le an authori	zation
	2	Your princip City Clerk	pal is not p	ermitted to aut	horize you t	o lobby unle	ess you are	registered wi	th the
	3.	If your princ period (half remainder of	year), the	s or will owe m principal must ar year?	nore than \$1. t file expens	,000 for lobb se statement	oying services with the	es in any rep City Clerk f	orting or the
		to the City Cle of the City-Count					<u>.html</u> or go	to the Cler	k's Office at
\$ * . V		•		i saite e ''					
Date _	9-	15-09		Signature			Shi	<u> </u>	
				Print Name	Leav	nard 3	Shelton		

Date: Sept 15 07

## **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 PRINT NAME CLEARLY		
Agenda No. 7  I Support t		ame Sonya Newer ddress 1424 Rull Madron, L	house ledge NL 53703
Please check the ap	propriate box:	Please check the	appropriate box:
Support Oppose Neither Su	AN		
(If you answered "no of who you represent	ou representing an organization or o, "STOP; you need not complete and go on to the next question) elephone number of each person or	the rest of this form. If you answe	
		·	
Are you being paid for your representation?			☐ Yes ☐ No
Are you appearing a (If you answered "no question.)	s part of your other paid duties for o," <b>STOP;</b> you need not complete	this person or organization? the rest of this form. If you answ	Yes No No vered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Cour Information Hearing		

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 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	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		PLEASE	PRINT NAME CLE	ARLY	
Agenda No. <u>7</u> #15829	- Central Library	Name _ Address _	PAUL GIG 629 Sout Modicion,	7 Shora	Drive 53715
Please check the app	propriate box:		Please check th	ne appropriat	te box:
Support Oppose Neither Su	apport Nor Oppose	AND	☐ Wish to spe☐ Do not wish☐ Available to		tions
(If you answered "no of who you represent	ou representing an organization," STOP; you need not contained and go on to the next quest lephone number of each perfections.	mplete the rest stion.)	of this form. If you ans		No provide the name
Are you being paid for	or your representation?			Yes	[XNo
Are you appearing as (If you answered "no question.)	s part of your other paid du b, " STOP; you need not co	ities for this persomplete the rest	son or organization? of this form If you an	☐ Yes swered "yes,'	
Speaking Limits:	Public Hearing (Commo Information Hearing Other Items		3 minutes		

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality of their governmental body?				
(If you answered "yes" 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 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?			
(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.)				
Date9				
	Print Name PAULO GIBLER			