	Date: 9 15 09
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. <u>+ リ3</u> # 15285	Name CricM Kestin Address 11 Anniversary Ct Madison WI 53704
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: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name, address and telephone number of each $MPSEA$	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? 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

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	red "yes" to the question, STOP. 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
ME CLEARLY
Wendorf Thorrapple Dr.
16 US 53548
check the appropriate box:
sh to speak not wish to speak ailable to answer questions
ourself: Yes \ \ No you answered "yes," provide the name

CITY OF MADISON

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. #43	Name Lorri Wendorf
	Address Coloros W. Thurnapple Dr.
#15285	Janes v.16 UF 53548
Please check the appropriate box:	Please check the appropriate box:
	☐ 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
MPSEA	
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.)	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	nmon Council) 5 minutes 3 minutes 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, STOP. 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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	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 <u>9-7:</u>	5-09 Signature Livi Wenforth

			Date: 9.1	5.09
	CITY OF MAI	DISON		
Registration Statement	Common C	ouncil		
Please Print				
	PLEASE	PRINT NAME CLE	ARLY	
	Name	KELLI LAMBERT	abla	
Agenda No. 43	Address	629 HAVEY RD.		
#15285		MADISON, WI		
Please check the appropriate box:		Please check th	he appropria	te box:
Support ■		☐ Wish to spe		
Oppose	AND	Do not wish Available to	n to speak o answer ques	stions
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 q	complete the rest			☐ No provide the name
Name, address and telephone number of each	h person or organi	zation vou are represent	ting:	
MPaFA				
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)			Yes wered "yes,"	No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing				

	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.)
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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 fthe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 15 Sp 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 PR	INT NAME CLE	EARLY	
Agenda NoL	1 <u>3</u> 85	Name		BOTA RWOOD WL	ROAD 53711
Please check the app	propriate box:		Please check t	the appropri	iate box:
Support Oppose Neither Su	apport Nor Oppose	AND	Wish to sp Do not wis Available		estions
(If you answered "no of who you represent	ou representing an organize of "STOP; you need not con and go on to the next quest of each perfections."	mplete the rest of the	iis form If you an	swered "yes,	 -
Are you being paid for	or your representation?			☐ Yes	☐ No
	s part of your other paid dut o, " STOP; you need not co			☐ Yes nswered "yes	
Speaking Limits:	Public Hearing (Commo Information Hearing	3 mi			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
10 /	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)
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Date	Signature
	Print Name