Date: 1103/09

# CITY OF MADISON

Registration Statement - Common Council

	COMMITTEE		
Please Print			
	PLEASE PRIN	T CLEARLY	
	Name	Sandy Wel	ander
Agenda No.	Address	1841 Beld.	42
	$\mathcal{N}_{i}$	ladge-, WI	53713
Please check the appropriate boxes:			
Support Oppose	and	☐ Wish to speak ☐ Do not wish to spe ☐ Available to answe	
Neither Support Nor Oppose			
At this meeting are you representing an organic (If you answered "no," <b>STOP</b> ; you need not confirm of who you represent and go on to the next que	complete the rest of the estion.)	is form. If you answered	Yes No "yes," provide the name
Name, address and telephone number of each p	person or organization		
Ollose stigmatizing	0	ans fu	nd OWH
for the future			
Also fund WYO	U,	:	
Are you being paid for your representation?			Yes No
Are you appearing as part of your other paid de (If you answered "no," STOP; you need not c question)			Yes
Speaking Limits: Public Hearing (Comm Information Hearing Other Items		nutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "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 l that:	being 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.
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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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

			Date:/	1-03-2009
	CITY OF MAD	DISON		
Registration Statement -	Common C	ouncil		
Please Print				
	PLEASE	PRINT NAME CLE	ARLY	
Agenda No. 1 - WYOU	Name	RICH RICHA	205	
Agenda No. 1 - WYOU	Address	710 SPRUG		
		MADISON WZ	11.	
Please check the appropriate box:		Please check th	e approj	oriate box:
Support Oppose Neither Support Nor Oppose	AND e	☐ Wish to spea☐ Do not wish☐ Available to	to speak	
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	t complete the rest	n other than yourself: of this form If you answ	∑ Ye vered "ye	
Name, address and telephone number of eac	h person or organiz	ation vou are representi	ng:	
_W404	•			
609 E. WASINITON AUR				
MADISON WI 33				
Are you being paid for your representation?			☐ Ye	s No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	t complete the rest	of this form. If you answ	☐ Ye vered "ye	
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 nmental 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.)
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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)
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Date	Signature Signature
	Print Name

Date: 3 No 09

Registra	tion Statement -	Common C	ouncil		
Please Print					
		PLEASE	PRINT NAME CL	EARLY	
		Name	Dave	(900	19
Agenda No.		Address	645 6	, vien	P/ #10
			Madisoh	, WZ	51752
Please check the ap	propriate box:		Please check	the appropria	te box:
Support		AND	Wish to sp		
Oppose Neither S	 upport Nor Oppos		• · · · · · · · · · · · · · · · · · · ·	sh to speak to answer ques	tions
(If you answered "n	ou representing an organic, "STOP; you need no	t complete the rest	on other than yourself: of this form. If you an	☐ Yes swered "yes,"	☐ No provide the name
of who you represen	t and go on to the next o	question)			
Name, address and t	elephone number of eac	ch person or organi	zation you are represer	nting:	
	_				·
Are you being paid f	for your representation?			☐ Yes	☐ No
Are you appearing a (If you answered "naquestion)	s part of your other paid o, " <b>STOP;</b> you need no	d duties for this per tot complete the rest	son or organization? of this form. If you an	☐ Yes nswered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing	Anteria Contrate and transport transport	3 minutes		
	Other Items	•	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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	Drint Name

Date: 11/3/2009

Registration Statement	Common C	Council
Please Print		
	PLEASE	PRINT NAME CLEARLY
ELMWATION OF	Name	BRIAN STANDING
Agenda No. 7- V 70 U	Address	3210 JAMES ST.
		MADISON WI 537/4
Please check the appropriate box:		Please check the appropriate box:
Support & LUMINATION Oppose of WYOU FEG FUNDING	AND	☐ Wish to speak ☐ Do not wish to speak
Neither Support Nor Oppose		Available to answer questions  TESTIMENT PROVIDED VIA COMMENT  ON NEW PROVIDED VIA COMMENT  ON NEW PROVIDED VIA  ON other than yourself: Yes No
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	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organi	zation 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 per complete the rest	son or organization?
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	an annunium ranana communium	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 you answered "no" to the question, go on to the next question)
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Date	Signature
	Print Name

Date: 11/03/09

Registration Statement	Common Co	uncil		
	COMMITTEE	기계 15 기계 기계 기계 12 시간 12 기계		
Please Print				
		INT CLEARLY		2 6
	Name	Barnaby VI 806 Ma	rich -	Kin12
Agenda No.	Address	806 Ma	other (	Socia
		Madison,	11/7 0	=3714
		riadison,		
Please check the appropriate boxes:				
		d Wish to spea	ı <b>t</b> -	
Support Oppose - support full PEGE Neither Support Nor Oppose	unding for WYOU	Do not wish	to speak	
Neither Support Nor Oppose		Available to	answer quest	ions
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At this meeting are you representing an organ (If you answered "no," STOP; you need not	ization or a person	other than yourself:	Yes	No
of who you represent and go on to the next qu	complete the rest of lestion)	inis jorni 15 you unsv	rerea yes,	provide the nume
N		• <u>• • • • • • • • • • • • • • • • • • </u>		
Name, address and telephone number of each	person or organizat	non you are represent	ng:	
$\mathcal{N}$		· · · · · · · · · · · · · · · · · · ·		
				<u> </u>
Are you being paid for your representation?			Yes	□No
A	1.41 6 41			□ No.
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not			∐ Yes vered "ves."	No go on to the next
question)				
Speaking Limits: Public Hearing (Comr	non Council) 5	ninutec		
Information Hearing				
Other Items				

•		ected 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, <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)
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Date _	· · · · · · · · · · · · · · · · · · ·	Signature Print Name
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Date:	11/3/	09	4. 14.1	

Registration Statement	Common C	Council		
Please Print	PLEASE I	PRINT CLEARLY		
Agenda No.		Bretchen Lo 205 Ovystal Madison WI		
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose	Judgel	and Wish to spea Do not wish Available to	to speak	tions
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	on other than yourself: of this form. If you answ	Yes vered "yes,"	No provide the name
Name, address and telephone number of each	n person or organi	zation you are representi	ng:	
				· · · · · · · · · · · · · · · · · · ·
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)	_	<del>-</del>	☐ Yes vered "yes,"	No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	engino sun sussanomico consonii duoc	3 minutes		

	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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Date	Signature
	Print Name

Date: 10/3/09

Registration Statement -	COMMITTEE	uncii			
Please Print	PLEASE PF	RINT CLEARLY			
Agenda No.	NameAddress	HUVYY D 18 Shel Madre	Richa man	Ter WI	No c
Please check the appropriate boxes:  Support Oppose 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 que	an  HS COV  WYCI  Support—  ization or a person  complete the rest of	Id Wish to spend Do not wish Available to Canding other than yourself:	eak h to speak o answer ques $\mathcal{H} \in \mathcal{W}$ $\square$ Yes	stions //b/ 	ary
Name, address and telephone number of each	person or organiza	tion you are represent	ting:		
Are you being paid for your representation?			☐ Yes	☐ No	
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not a question.)			☐ Yes swered "yes,"	☐ No ' go on to th	ie next
Speaking Limits: Public Hearing (Comn Information Hearing Other Items		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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Date	Signature
	Print Name

Date: 1/-3-09

#### **CITY OF MADISON**

Registration Statement - Common Council

Please Print	PLEASE PRINT CLEARLY
Agenda No. It / Wy Juna Ma	Name JUDY LEUVGUY Address 1620 N. GOLF Glen# Madison, W5370
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 organization (If you answered "no," STOP; you need not composed who you represent and go on to the next question.  Name, address and telephone number of each personal statement of each personal statement.	plete the rest of this form If you answered "yes," provide the name on)
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid duties (If you answered "no," <b>STOP</b> ; you need not comparestion.)	es for this person or organization?
Speaking Limits: Public Hearing (Common of Information Hearing Other Items	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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	to the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at fthe City-County Building, Madison, for more information.)  - 3 - 09 Signature MMM Alleman
	Print Name Judy Leunguin

	Date:
	CITY OF MADISON
Registration Statement	Common Council
	COMMITTEE
Please Print	
, 2	PLEASE PRINT CLEARLY
, wyou	Name LUCIANO
Agenda No	Address 2314 E Daylen
	_ Madisa Wi
Please check the appropriate boxes:	
	and ☒ Wish to speak
Support Oppose	Do not wish to speak
Neither Support Nor Oppose	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 nam
	☐ Yes ☑ No  duties for this person or organization? ☐ Yes ☑ No t complete the rest of this form. If you answered "yes," go on to the ne
question)	
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: 11-3-2009

Registration Statemen	t - Common Common Committee	ouncil
Please Print		
	PLEASE	PRINT NAME CLEARLY
	Name _	Anneliese Emerson
Agenda No. 1 WYOU -	Address _	Anneliese Emerson 5137 Whitcomb Dr
-wyon-		Madison W1 53711
Please check the appropriate box:		Please check the appropriate box:
Support for Wyon Oppose Neither Support Nor Op	AND	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an		of this form. If you answered "yes," provide the name
of who you represent and go on to the n		oj inis jorm. 1j you answerea yes, provide ine name
Name, address and telephone number o	f each person or organiz	ation you are representing:
	<u> </u>	
Are you being paid for your representat	tion?	☐ Yes ☐ No
Are you appearing as part of your other (If you answered "no," STOP; you need question)	paid duties for this pers	on or organization?
	(Common Council)5	
	aring	

Are you an elected official other governmental body?	or employee who is appearing solely on be	half of your office or for your municipality or Yes No
	the question, <b>STOP.</b> You need not complete "no" to the question, go on to the next quest	the rest of this form, except that you must sign tion)
If you are being paid for y that:	our representation, or if your appearance i	is part of other paid duties, please be advised
1 Before you with the Cit	engage in lobbying as a lobbyist, you or yo ty Clerk	our principal must file an authorization
2. Your princi City Clerk.	ipal is not permitted to authorize you to lob	oby unless you are registered with the
period (hal	ncipal spends or will owe more than \$1,000 f year), the principal must file expense st of the calendar year?	
	lerk's website <u>www.cityofmadison.com/cler</u> nty Building, Madison, for more information	rk/index.html or go to the Clerk's Office at
Date	Signature	
	Print Name	

Date: 11/3/09

Registration Statement	Common Council
Place Print	COMMITTEE
<u>Please Print</u>	PLEASE PRINT CLEARLY
	Name CRAIG MEYER
Agenda No. They 1	Address 1921 Fremont Av.
	Madson WI 53704
Please check the appropriate boxes:	
Support full funding Oppose - cuts for wyou Neither Support Nor Oppose	and Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an organic (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
Name, address and telephone number of each	person or organization you are representing:
WYOU Community	n taleusian
Madison WS 53	3711
Are you being paid for your representation?	☐ Yes ► No
Are you appearing as part of your other paid of (If you answered "no," <b>STOP</b> ; you need not of question.)	luties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	non Council) 5 minutes 3 minutes 3 minutes

	and the state of the control of the state of
	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental 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.)
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Room 103 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 1/	/3/09 Signature
•	Print Name Craice Mayer

				Date:	
		CITY OF MAI	DISON		
Ponietrat	ion Statement -	Common C	ouncil		
Registiat	ion Statement -	COMMITTEE	ouncir		
Di D.i.					
Please Print		PLEASE I	PRINT CLEARLY		
			No tale 1		
1		Name	Natalie Him	Ckley	
Agenda No.		Address	133 EGWALN	1 St. 43	
			Malison 53	5703	
Please check the app	ropriate boxes:				
Support-	> Full Restored	Furding	and Wish to	speak	
Oppose	FOR WYOU		and Wish to	wish to speak	
=	apport Nor Oppos	e	≥ Availab	le to answer que	estions
(If you answered "no of who you represent	ou representing an orga o, "STOP; you need not t and go on to the next q elephone number of each	t complete the rest uestion)	of this form. If you	answered "yes,	——————————————————————————————————————
			:		
Are you being paid for	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 (Com				
	Information Hearing Other Items				
	Other Itomia annual ann	***************************************	ZILLLIA		

		ected 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 Signature
		Print Name

Date:	2009	Nov.	J		
				 	•

Registration Statement	Common Council COMMITTEE	
Please Print	PLEASE PRINT CLEARLY	
Agenda No.	Name RICHARD S. RUSSELL  Address ZGAZ KENDALL AV. #2  MADISON WI 53705-3736	
Please check the appropriate boxes:	사용하다 하면 되는 하는 것으로 보고 한다는 것들이 되었다. 이 것은 이 사용이다. 그 사용하다 하는 것으로 하는 것은 이 사용하다. 그는 것을 보고 있다.	
Support funding WMU 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 na- uestion)	me
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 no	ext
Information Hearing	mon Council)5 minutes	

	elected official or employee who is appea nmental body?	ring solely on behalf of your office or for your municipality or  Yes No
	vered "yes" to the question, <b>STOP.</b> You ne you answered "no" to the question, go on	ed not complete the rest of this form, except that you must sign to the next question)
If you are t	peing paid for your representation, or if y	our appearance is part of other paid duties, please be advised
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3.		nore than \$1,000 for lobbying services in any reporting t file expense statements with the City Clerk for the
	to the City Clerk's website <u>www.cityofi</u> of the City-County Building, Madison, for n	<u>madison.com/clerk/index.html</u> or go to the Clerk's Office at nore information.)
Date	Signature	
	Print Name	

Date:///02/09

Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name SAMBA BACDEH  Address 118 VIllage Green In  Madison, WI 53784
Agenda No.	Address 118 Village Green In
	Madison, WI 52704
Please check the appropriate boxes:	
Support Oppose	and Wish to speak Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
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?
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

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?  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
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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

	11/2/29	1. 1	1		11	1	
Date:	11/7/0/					:	

Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
	Name Tony Ziry16Ce
Agenda No.	Address 3217 adglary Ave Mar B
	radison wt 53764
Please check the appropriate boxes:	
Support FUNDING FOR WY Oppose Neither Support Nor Oppose	✓ 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:
WOU Community Acces	TTU
609 EWAShington Ave	BUB (608) 258-9644
madisori was 5.370	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid of (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

	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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	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	Signature Print Name

Date: 11/3/09

Registration Statement	Common Council	
Please Print	COMMITTEE  PLEASE PRINT CLEARLY	
Agenda No.	Name Sandra Miller Address 1239 Spaint Madison 53.	- Si
	Madison 53.	<u> </u>
Please check the appropriate boxes:		
Support restoring Oppose Wyou Finance	and Wish to speak  Do not wish to speak	
Oppose Neither Support Nor Oppose	Available to allswer qu	
At this meeting are you representing an organ	nization or a person other than yourself:	
(If you answered "no," STOP; you need not of who you represent and go on to the next qu	t complete the rest of this form. If you answered "yes uestion)	s," provide the name
Name, address and telephone number of each	h person or organization you are representing:	
	The state of the s	
Are you being paid for your representation?	☐ Yes	s 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?	<i>y</i> ———— √
Information Hearing	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?
	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 both	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 fthe City-County Building, Madison, for more information.)
Date	Signature Sandra S. M. Here

Date: 11-3-09

Registration Statement	Common Council
Please Print	
	PLEASE PRINT CLEARLY
#1	Name RUSSELL ATTOR
Agenda No. WYOW TUNDING	Address 1620 No Golf Glen 77B
	Madison, Wi 53704
	- 19
Please check the appropriate boxes:	시간 [조막 조마 ] 이 경우 지하는 시간 시간 [조막 ] [조막 조 조 조 조 조 조 조 조 조 조 조 조 조 조 조 조 조 조
Support	and Wish to speak
Oppose	Do not wish to speak  Available to answer questions
Neither Support Nor Oppose	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 of (If you answered "no," STOP; you need not	luties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
question)	
Information Hearing	mon Council)5 minutes 3 minutes
Other Items	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?  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:	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	Signature Print Name

Date: ///3/99

Registration Statement -	
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Eriz Allin
Agenda No.	Address 915 E. Danton
Full Funding For WYOU	Mad WISC 53703
	ont canabalize Public Access for jovernment Access
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppos	
	anization or a person other than yourself:   Yes No  t complete the rest of this form. If you answered "yes," provide the name question)
Name, address and telephone number of eac	sh person or organization you are representing:
Are you being paid for your representation?	Yes (No DOPS)
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	nmon Council) 5 minutes 3 minutes 3 minutes

		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)
If you a that:	ire beir	ng 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?
		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.)  Signature
<del></del>		Print Name

Date: ((2/0)

## **CITY OF MADISON**

Registrat	ion Statement -	COMMITTEE	ouncil		
Please Print					
		PLEASE	PRINT NAME CLE	ARLY	
		Name _	Cyvillas	N	
Agenda No.		Address	127 80	might	OH!
			Makisn	W)	6573
Please check the ap	propriate box:		Please check tl	ie appropria	te box:
Support (	Zestrany Turk		■ □ Wish to spe	ak	
Oppose		AND	Do not wish Available to	n to speak o answer ques	tions
Neither Si	upport Nor Oppos	e			
	ou representing an orga			☐ Yes	□No
of who you represent	o," <b>STOP;</b> you need not t and go on to the next q	t complete the rest ( luestion)	oj tnis jorm. Ij you ansi	verea yes,	proviae the name
Name, address and to	elephone number of eac	h person or organiz	ation vou are represent	ing:	
Are you being paid f	or your representation?			Yes	□ No
Are you appearing as (If you answered "no question)	s part of your other paid o, " <b>STOP;</b> you need no	duties for this pers t complete the rest	on or organization? of this form. If you ans	☐ Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes		
大型 医多形性细胞 网络亚洲大大 斯斯特勒			しった おうない こうかおうかんきょう しょうし	the control of the control of	化氯化氯化 化二氯甲酚二氯化甲甲酚

	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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	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	
	Signature Print Name

Date: 11/02/09

# **CITY OF MADISON**

Registrat	ion Statement	Common Council
Please Print		PLEASE PRINT CLEARLY
		5 mm (1/2)
		Name SHIVICHTY SALLOW
Agenda No.		Address 20 Sinkin Circle
		Madisa, WD 53714
Please check the appr	ropriate boxes:	
<b>C</b>		and Wish to speak
Support Oppose		Do not wish to speak
	ipport Nor Oppose	Available to answer questions
At this meeting are v	ou representing an organ	nization or a person other than yourself: Yes Vo
(If you answered "no	o," <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 qu	vestion.)
Name, address and te	lephone number of each	n person or organization you are representing:
	·	
Are you being paid for	or your representation?	☐ Yes ☐ No
		duties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the nex
question)		
Speaking Limits:		mon Council) 5 minutes
	_	3 minutes 3 minutes
	CAIVA AUCILID BORDSANA BORDSANA	Requiremental and the second of ALAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA

	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)
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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: 11-3-09
	CITY OF MADISON
Registration Statement	Common Council
Please Print	
	PLEASE PRINT CLEARLY
10100	Name Darbara Dolan
Agenda No. 1 - WYOU PEG Full funding	Address 605 Hudson Ave
VEG full funding	Name Barbara Bolan Address 605 Hudson Ave Madism, WI 53704
Please check the appropriate boxes:	
Support	and 🔯 Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	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 quant	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:
MVDA Community Talovision	609 9. Washing Ave. Madison 53703
10   000 000 1100   10000000 1100	609 E. Washing Aw., Madism 53703, 608-258-9644
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 yuestion.)	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
Other Items	• 3 minutes

	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)
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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	3-09 Signature Myss Col-
	Print Name BARBARA & BOLAN

Date: 11/03/09

# **CITY OF MADISON**

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 1: Restore full PEG: Andring to wrow	Name Morgan Houser  Address 134 E. Johnson F107  Madison wi 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
of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
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

* * T	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)
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Date	Signature
	Print Name

Date: ///3/00/

## **CITY OF MADISON**

Registration Statement - Common Council

		COMMITTEE			
Please Print		PLEASI	E PRINT NAME CLE	ARLY	
Agenda No	1 De FOR WYOU		CHEIS WAL 218 N 3RD S MADISON, U		
Please check the appropriate Support  Oppose  Neither Support	oropriate box:  [ oropriate box:  [ oropriate box:  oropriate	AND	Please check the Wish to speed Do not wish Available to	ak	
(If you answered "no of who you represent	," <b>STOP;</b> you need not and go on to the next qu	t complete the resi uestion)	on other than yourself:  t of this form If you ans  ization you are represent	wered "yes,"	No provide the name
Are you being paid for	or your representation?			☐ Yes	□No
Are you appearing as	part of your other paid		rson or organization? t of this form. If you ans	Yes	□ No
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	1 - hadaanaan oo oo ah ah oo oo dayaahad	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?  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)
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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: 1/ - >- 06
	CITY OF MAD	
Registration Statement -	Common C	ouncil
Please Print		
		PRINT NAME CLEARLY
	Name	Store Farey
Agenda No.	Address	Madigues WI 53743
		Madigon - WJ 53723
Please check the appropriate box:		Please check the appropriate box:
Support Oppose	AND	☐ Wish to speak ☐ Do not wish to speak
Neither Support Nor Oppo	se	Available to answer questions
of who you represent and go on to the next	ot complete the rest question)	of this form If you answered "yes," provide the name
Name, address and telephone number of ea	ich person or organiz	ation you are representing:
Are you being paid for your representation	?	☐ Yes ☐ No
Are you appearing as part of your other par (If you answered "no," STOP; you need n question.)	id duties for this pers tot complete the rest	on or organization?  Yes No of this form. If you answered "yes," go on to the next
Information Hearin	mmon Council) 5	minutes

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or large transfer of the solely of
	wered "yes" to the question, <b>STOP.</b> 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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Date	Signature
	Print Name