얼마를 주고 있었다는 공부를 보고 있었다.	Date: 17/5
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	그리 아이들 때 화고 있다면 하고 하는 것이 되었다.
	Name Barb MERCER
Agenda No. $\pm 23$	Address 107 Columbia Circle
	MONDNA W1 537/6
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	and Wish to speak  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	nization or a person other than yourself: Yes No
(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
of who you represent that go on to the next qu	
Name, address and telephone number of each	person or organization you are representing:
Madeson/Dane Tau	en League
P.O. Bey 8858	(408) 8332
Moderon W1	53708 288
Are you being paid for your representation?	☐ Yes ZNo
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

question.)

Speaking Limits:

•	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.)
If you are t that:	being 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)
D	
Date	Signature Print Name

	alian National American de la Company de
	CITY OF MADISON
Registration Statement -	- Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Chet Gerlach
Agenda No. 23	Name Chet Gerlach Address 100 wisconsi Ame
	madison
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
	SC 그는 그는 얼마를 두르고 있는 말은 그리고 하는 말이
(If you answered "no," <b>STOP;</b> you need no of who you represent and go on to the next	
Name, address and telephone number of ea	sch person or organization you are representing:
Are you being paid for your representation	? Yes 4No
Are you appearing as part of your other part (If you answered "no," STOP; you need nation)	id duties for this person or organization?   Yes No not complete the rest of this form If you answered "yes," go on to the next
Information Hearin	mmon Council) 5 minutes g 3 minutes 3 minutes

Are you an el	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)
If you are beithat:	ing 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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	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 ///	13/09 Signature Unt Sceland Print Name Chet Gerlach
	Print Name Chet Gerlach

Date: 11/3/05

Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
/23'	Name PAMELA BEAN
Agenda No.	Address 418 N WESTREW
	71752 Waridam
Please check the appropriate boxes:	
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 uestion)
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?   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
	人名马勒 医大大线 医法氏管 人名英格兰 医多种性 医二氏性性皮肤 医二种性病 经销售 经工程的证据

	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 that:	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?
Room 103	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 the City-County Building, Madison, for more information)  Signature
Date	Print Name Print REPIN

Date: 11-3-09

Registration Statement	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Adam Johnson
Agenda No.	Address 304 Princeton Ave. Apt. 2
	Name Adam Johnson  Address 304 Princeton Ave. Apr. 2  Madison, WI 53726
Please check the appropriate boxes:	
<b>⊠</b> 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	ization or a person other than yourself: XYes No
(If you answered "no," <b>STOP</b> ; you need not of	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	
Name, address and telephone number of each	person or organization you are representing:
$\Delta CM$	
77211	
Are you being paid for your representation?	X Yes ☐ No
Are you appearing as part of your other paid of	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 (Comm	mon Council)5 minutes
Information Hearing	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?  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 bethat:	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 <u>II</u>	Signature Signature		
	Print Name Adam Johnson		

Date: 11/3

Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Mark Woulf
Agenda No. 3	Address 621 NHanry St Apt D Madison, WI
	Madison, WI
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

	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 b 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.
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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 <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at fine City-County Building, Madison, for more information.)  Signature
:	Print Name Mark Would

	- i I /	3/	40		ele V
Date:	+ " 1	١ <u>ر -</u>	0/		1, 1,

Registration Statement -	Common Council COMMITTEE	
Please Print	KEVIN BALGNES	
	PLEASE PRINT NAME CLEARLY	
	Name KEUW BINGWES	
Agenda No. 🗸 🔾 🔾	Address 326 W-GORFFAM ST.	
	MADISON, WI 53703	
Please check the appropriate box:  Please check the appropriate box:		
<b>Support</b>	AND Wish to speak  Do not wish to speak	
Oppose	\( \sqrt{\text{A vailable to answer questions}}\)	
☐ Neither Support Nor Oppos		
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 of this form. If you answered "yes," provide the name	
	ch person or organization you are representing:	
ITE DARGER HERACO	FOTOUGE BOARD	
326 W. GORFAN ST.		
MADISON, WI 5376	03 608-257-4712 401	
Are you being paid for your representation?		
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this person or organization?  Yes No No ot complete the rest of this form. If you answered "yes," go on to the next	
Information Hearing	mmon 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)
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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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 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 f the City-County Building, Madison, for more information)
Date	Signature Print Name

	Date: 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	CITY OF MADISON
Registration Statement -	Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No. <u>23</u>	Name COSEMARY LET Address III W VIJBON #108
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	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 eac	ch 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	I duties for this person or organization?  Yes No of 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

question.)

Speaking Limits:

Are you an eleother governm	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)
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
<b>1.</b>	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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:  $\frac{1/3}{6}$ 

Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Erk Paulson
Agenda No.	Address 616 E Daylor Hit
	nd 52700
Please check the appropriate boxes:	
<b>⊠</b> Support	and Wish to speak
Oppose	☐ 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," STOP; you need not 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
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question)	I duties for this person or organization?   Yes   No  No complete the rest of this form. If you answered "yes," go on to the nex
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes
	ASSESSMENT OF THE PROPERTY OF

_	relected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign f you 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
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?
	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

Date: 3/09

Registration Statement	Common Cour	
Please Print		
Trease Fine	PLEASE PRIN	T CLEARLY
22/1110140	Name	Charles Brace
Agenda No. 23 (14940)	Address	150 W. Cornom, Apt
		Madison 53703
Please check the appropriate boxes:		
	and	Wish to speak
Support Oppose	anu	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 qu		is form. If you answered "yes," provide the name
Name, address and telephone number of each		
21112 11-1 - 111	Y Cardi	11 THE WASTOCKET
_ CITC V/605 ITE	811, 801	University of ve
1760000	1 W.L	<u> 55700                                 </u>
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)	complete the rest of th	is form. If you answered "yes," go on to the next
	mon Council)5 mir	

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.)
If you are beithat:	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.
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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: 11-3-09
	CITY OF MAI	DISON
Registration Statement -	Common C	ouncil
Please Print  Agenda No. 23	<b>PLEASE</b> Name	PRINT NAME CLEARLY  Travis Serebin  1020 Fahrenbrook C+ #5  Madison, WI 53715
Please check the appropriate box:		Please check the appropriate box:
<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppos</li></ul>	AND e	<ul> <li>Wish to speak</li> <li>Do not wish to speak</li> <li>Available to answer questions</li> </ul>
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of	t 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 eac	h 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 no question.)		rson or organization?
Speaking Limits: Public Hearing (Cor Information Hearing		5 minutes 3 minutes

3 minutes

Other Items

Are yo other g	ou an el governn	lected official or emplo mental body?	oyee who is appearing	g solely on behalf o	f your office or for your municipality o ☐ Yes ☑ No	ľ
(If you this for	answe rm If y	red "yes" to the quest ou answered "no" to t	tion, <b>STOP.</b> You need the question, go on to	not complete the res the next question)	st of this form, except that you must sign	1
If you that:	are be	ing paid for your repr	esentation, or if your	appearance is part	of other paid duties, please be advised	1
	1	Before you engage i	in lobbying as a lobby	ist, you or your prin	ncipal must file an authorization	
	2	Your principal is no City Clerk	ot permitted to author	ize you to lobby un	less you are registered with the	
	3.		the principal must fil		obying services in any reporting nts with the City Clerk for the	
(Please Room	e go to 103 of	o the City Clerk's w the City-County Build	ebsite <u>www.cityofmaa</u> ing, Madison, for more	lison.com/clerk/inde e information.)	<u>x.html</u> or go to the Clerk's Office at	ţ
Date _	11-	3-07	Signature	Town	~ f	
			Print Name	Trents	s Sure-Sin	: -

Date: 1//3/59

Registration Statement -	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 23	Name Analiere Eicher  Address 408 N Henry St Fl  Madison W 83703
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and Wish to speak  Do not wish to speak  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 uestion)
Name, address and telephone number of eac	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? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes3 minutes3 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?  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 beinthat:	ng 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?
	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 ///	3/09 Signature All
<del>///</del>	Print Name Analiese Eicher

Date: 11/3/09

Registration Statement	Common C	ouncil		
Please Print	PLEASE I	PRINT CLEARLY		
Agenda No. 23	Name Address		hivera Vest Dayte on, WI 5	on St. 3715
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose		🔀 Do n	n to speak not wish to speak ilable to answer que	stions
At this meeting are you representing an organi (If you answered "no," <b>STOP</b> ; you need not co of who you represent and go on to the next que	complete the rest estion)	of this form. If y	ou answered "yes,'	☐ No " provide the name
Name, address and telephone number of each per Collaboration		zation you are re Maclisus		
			<u> </u>	
Are you being paid for your representation?			☐ Yes	□X(No
Are you appearing as part of your other paid d (If you answered "no," STOP; you need not o question)	luties for this per complete the res	son or organizati of this form. If y	ion?	No go on to the next
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?
	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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-	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 ]]	13109 Signature MMUI RIVER
	Print Name Multy River

Date:	11/3/	109	
			_

Registration Statement	- Common Council
Please Print	PLEASE PRINT CLEARLY
	Name Ton Templeton  Address 200 Langdon  Madison WI, 53703
Agenda No. 2 >	Address 200 Langdon
	Madison WI, 53703
Please check the appropriate boxes:	
<ul><li>⊠ Support</li><li>□ Oppose</li><li>□ Neither Support Nor Opp</li></ul>	and Wish to speak  Do not wish to speak  Available to answer questions
(If you answered "no," <b>STOP</b> ; you need of who you represent and go on to the nex	rganization or a person other than yourself: X Yes No not complete the rest of this form If you answered "yes," provide the name at question)  each person or organization you are representing:
ASM	
Are you being paid for your representation	on? X Yes No
	aid duties for this person or organization?   Yes   No  not complete the rest of this form. If you answered "yes," go on to the next
Information Hear	Common Council) 5 minutes ing 3 minutes 3 minutes

	elected official or employ nmental body?	ee who is appearing solely on behalf of your office or for your municipality or Yes No
		n, <b>STOP.</b> You need not complete the rest of this form, except that you must sign question, go on to the next question)
If you are b that:	eing paid for your repres	entation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lobbyist, you or your principal must file an authorization
2.	Your principal is not City Clerk	permitted to authorize you to lobby unless you are registered with the
3.		ds or will owe more than \$1,000 for lobbying services in any reporting e principal must file expense statements with the City Clerk for the idar year?
		site <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at g, Madison, for more information.)
Date		Signature
		Print Name

			Date: Nov	3, ZOV1
	CITY OF MAI	DISON		
Registration Statement -	Common C	ouncil		
	COMMITTEE			
Please Print	PLEASE	PRINT NAME CL	EARLY	
	Name	Joe Labuz		
Agenda No. 2.3	Address	205 N. Fren	ces St	
		Modition wis		
Please check the appropriate box:		Please check	the appropria	ite box:
Support Oppose Neither Support Nor Oppos	AND e		peak ish to speak to answer ques	stions
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			☑ No provide the name
Name, address and telephone number of each	h person or organi	zation you are represe	nting:	
	·			
Are you being paid for your representation?			☐ Yes	N₀
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)			☐ Yes nswered "yes,'	No go on to the next
Speaking Limits: Public Hearing (Cor 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?
	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
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?
	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 11/3	Signature lings med Print Name Joseph M. Labor

Date: 11 | 3 | 09

Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
	Name Sam Polstein
Agenda No.	Address 50? No Frances St. #313
	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
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 of this form If you answered "yes," provide the name
Name, address and telephone number of each Associated Students	h person or organization you are representing:
333 East Campus Ma	all
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)	I duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	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?  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:	being 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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

		CITY OF MA	DISON		
Registral	tion Statement	Common (	Council		
Please Print					
		PLEASE	PRINT CLEARLY		
		Name	_Sam_	Eaton	
Agenda No		Address	1224 Spl	ing St. L	1n+3
			1224 Spl.	, WI,	53715
Please check the app	propriate boxes:				
Support Oppose	upport Nor Oppose		and ☐ Wish to ☐ Do not v ☐ Availab	speak wish to speak le to answer ques	tions
(If you answered "n	you representing an organ or, " <b>STOP;</b> you need not t and go on to the next qu	complete the res	on other than yourse t of this form. If you	lf: Yes answered "yes,"	☐ No provide the name
Name, address and t $ASA$	elephone number of each	person or organ	ization you are repre	senting:	
1					
Are you being paid	for your representation?			☐ Yes	∭No
	s part of your other paid o," STOP; you need not				No go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing Other Items	na sananchisasaan nu assanan ana ara	3 minutes		

Date: \_

	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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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
	A A A A A A A A A A A A A A A A A A A

Date: 16-3-09

Registration Statement -	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 23	Name Kayla Lubenow  Address 1650 Kronshage Dr  307 Swenson  Madison, WE 53706
Please check the appropriate boxes:	Madrson, WE 53706
<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; 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
	n person or organization you are representing:
Affrica	8
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.	mon Council)5 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
,	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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?
Room 103 of	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 11	Print Name Con July 28 no.

Date: 113/00

Registration Statemen	t - Common Council
Please Print	字도 등로 발표하는 경기를 보고 있다. 그는 그는 그는 그를 하고 있다. 그는 그를 되었다. 그는 그는 그는 그를 보는 그는 그는 것이 하는 것이 되었다.
	PLEASE PRINT NAME CLEARLY
Agenda No. 23	Name LAUTEN ENLLYS
	- Address (Chi Huzeltine Severy A
	SZI W Johnson St Madison WI 53706
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Noither Support Non Oppose	AND  Wish to speak  Do not wish to speak  Available to answer questions
☐ Neither Support Nor Op	pose the second
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	f each person or organization you are representing:
	f Madison (regislative Affairs)
Are you being paid for your representat	ion? 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)	
Information Hea	(Common Council) 5 minutes aring

	lected official or employee who is appearing solely on behalf of your office or for your municipality or
other governi	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
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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)
	공연 문학 경우는 그 사람들은 살살으로 가는 하고 모르고 있는데 얼마를 보고 있었다. 뭐 먹다
Date )	3/09 Signature Lawren Sheet
·	Print Name LAUPEN ENLOS

Date: 11/3/09

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 23	Name Belly Cafter  Address 666 Hazeltine Sellery A  821 W Johnson St
Please check the appropriate box:	Mad Jon WI 53700 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 q	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
<u>Legislative</u>	Affairs)
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	nmon Council) 5 minutes 3 minutes 3 minutes

	문에 많아 들어 있다는 그 그들은 그들은 그들은 그들은 사람들이 가는 그들은 그는 그를 모르는 것이 되었다면 하는 것은 사람들이 되었다.
	elected official or employee who is appearing solely on behalf of your office or for yourçmunicipality 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 the City-County Building, Madison, for more information)
Date //	13109 Signature BIMO HART
	Print Name Bellief Gaffer

Date: 11-3-09

Registrati	to the contract of the contrac	OMMITTEE	Council			
Please Print						
		PLEASE	PRINT CLE	ARLY		
$\gamma$		Name	<u>Conf</u>	la Penni	04/2	
Agenda No		Address	35 N	fact st	- Apt	6214
					53715	
Please check the appro	opriate boxes:					
				TT7:-1. 4-		
Support Oppose			and	Wish to spead of the Wish		
	pport Nor Oppose			Available to	answer ques	tions
			om othom the	n vousself.	Vac	□No
At this meeting are yo (If you answered "no,	u representing an organization of the contract	tion or a pers uplete the res	son other than the sort	in yourseit: m. If you ansv	vered "yes,"	
of who you represent o	and go on to the next quest	ion)				
Name, address and tel	ephone number of each per	rson or organ	ization you	are represent	ing:	
ASM						
			· · · · · · · · · · · · · · · · · · ·			
					<u> </u>	
Are you being paid for	r your representation?				☐ Yes	No
Are you appearing as	part of your other paid duti	ies for this pe	erson or orga	anization?	Yes	☑ No
(If you answered "no, question)	" STOP; you need not con	nplete the re	st of this for	m If you ans	wered "yes,'	' go on to the next
Speaking Limits:	Public Hearing (Commor					
	Information Hearing Other Items					

Are you an e other governs	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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
$1_{n}$	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: **NOV.** 3, rd

Registration Stat	ement - Common C	Council
Please Print		E PRINT NAME CLEARLY
03	Name	Nortane Holzwart
Agenda No.	Address	615 West Johnson St.
		Maurison, W1 53763
Please check the appropriate	box:	Please check the appropriate box:
Support Oppose	AND	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Neither Support N	or Uppose	
At this meeting are you represe (If you answered "no," STOP; of who you represent and go or	you need not complete the res	on other than yourself: Yes No t of this form If you answered "yes," provide the name
Name, address and telephone n	umber of each person or organ	ization you are representing:
Associated Stra	eents of Madis	ION
333 East	Campis Mail	
Are you being paid for your rep	oresentation?	☐ Yes ☑ No
Are you appearing as part of you (If you answered "no," STOP, question.)		rson or organization?  Yes No No st of this form If you answered "yes," go on to the next
Informa	Hearing (Common Council) ation Hearing tems.	.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 ansv this form Ij	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 l that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go Room 103 c	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: 11/3/09
	CITY OF MAI	NOSIC
Registration Statement -	Common C	ouncil
Please Print		
	PLEASE	PRINT NAME CLEARLY
	Name	Kyle Woolwich
Agenda No. 2 3	Address	615 W. Johnson St
		Mudison, WI 53704
Please check the appropriate box:		Please check the appropriate box:
Support Oppose	AND	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
☐ Neither Support Nor Oppos	e	
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of	t 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	7	그렇게 하고 뭐야 하지만 한 건물하다는 가 하는 것들이 한 것이 있다. 이 가는 사고 사고 나는 것이 있다.
Associated Students. 333 East Campus	Mall	
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)		son or organization?  Yes No t of this form If you answered "yes," go on to the next

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

Other Items 3 minutes

Speaking Limits:

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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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(Please go to Room 103 of t	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 Annual Property of the Control of the Con
	Print Name

Date: (1/3/(	29
Date: (1/3/ {	
EARLY Langbecker	
Languer Apt. #306	
Wish to speak Do not wish to speak Available to answer question	ns
an yourself: Yes [] m. If you answered "yes," pro	X No ovide the name
are representing:	
	· · · · · · · · · · · · · · · · · · ·

Registration	n Statement	Common C	ouncil			
Please Print		PLEASE	PRINT CLE	ARLY		
		<b>N</b> T	7-111	1 cache	cker	
23		Name	121	· V	CKE( Apt. #30.	/
Agenda No.		Address	dal	Langari	Hol. H.D.	6
			MAKO	2,65		
Please check the appropr	iate boxes:					
				Wish to spe	a <b>l</b> e	
Support			and ∐ ⊠	Wish to spe Do not wish		
Oppose Noither Supr	oort Nor Oppose				answer quest	tions
	orthor Oppose					
At this meeting are you in (If you answered "no," If you answered "no," If you will you represent and	<b>STOP;</b> you need not c	omplete the resi	on other that of this form	n yourself: n If you ans	☐ Yes wered "yes," ]	X No provide the name
37	L			ara romriasant	ince	
Name, address and telep	none number of each p	person or organi	zanon you	are represent	ilig.	
Are you being paid for y	our representation?		•		Yes	∐No
Are you appearing as pa (If you answered "no," a question)	rt of your other paid d STOP; you need not o	uties for this per complete the res	rson or orga t of this for	nnization? m If you ans	Yes wered "yes,"	No go on to the next
	Public Hearing (Comm					
	nformation Hearing					
	Other Items	yaşıyışının gazyan en nüdü hilü d	o 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)
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	13/09 Signature gille lyw  Print Name Salle Chrybecker
	Print Name Salle Chrybecker

Date: <u>W3/09</u>

Registration Statemen	t - Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 23	Name Einma Coldson.  Address 615 cv. Johnson st.  Nadison W1 53706
Please check the appropriate box:	Please check the appropriate box:
<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Op</li></ul>	AND  Wish to speak  Do not wish to speak  Available to answer questions
(If you answered "no," STOP; you nee of who you represent and go on to the r	organization or a person other than yourself: Yes No do not complete the rest of this form. If you answered "yes," provide the name ext question.)  If each person or organization you are representing:
Are you being paid for your representat	ion? ☐ Yes ☐ No
	paid duties for this person or organization?   Yes No we do not complete the rest of this form. If you answered "yes," go on to the next
Information He	(Common Council) 5 minutes aring 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?
	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
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(Please go t 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 <u>ll/3</u> /	109 Signature CA
1.01	109 Signature When Cibbers

		CITY OF MAI	DISON			
Registrat	ion Statement -	Common C	ouncil			
Please Print						
		PLEASE	PRINT NA	ME CLEAR	LY	
		Name	SEVAN K	ITTLIDGE		
Agenda No. 23		Address	(019 W	. MIFFLIN	Sr., #207	
Please check the ap	propriate box:		Pleas	se check the a	ppropriate box	<b>K:</b>
Support Oppose Neither Su	ipport Nor Oppos	AND e		Vish to speak To not wish to an	speak swer questions	
(If you answered "no	ou representing an organ, "STOP; you need no and go on to the next of	t complete the rest	on other than of this form.		Yes X ed "yes," provi	
Name, address and to	elephone number of eac	ch person or organi	zation you ar	e representing:		
						MAL Line
Are you being paid f	or your representation?	,			☐ Yes 🄀	No
	s part of your other paid p," STOP; you need no				Yes 🔯 🗎 ed "yes," go or	
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	3	3 minutes			

Date: NOV 3, 2009

	n elected official or employ ernmental body?	ee who is appeari	ng solely o	n behalf of your o		nunicipality or ] No
	swered "yes" to the questio If you answered "no" to the				s form, except that	you must sign
If you are that:	being paid for your repres	entation, or if yo	ur appearai	nce is part of othe	er paid duties, plea	se be advised
1	Before you engage in with the City Clerk	lobbying as a lob	byist, you c	or your principal r	nust file an authori	zation
2.	Your principal is not City Clerk	permitted to auth	orize you to	o lobby unless yo	u are registered w	th the
3	If your principal spen period (half year), the remainder of the caler	e principal must	1. 1			
	o to the City Clerk's well of the City-County Buildin				or go to the Clei	k's Office at
Date \	V/3/09	Cianatana	Sc	- KAA		
Date (	<u> </u>			KITTLIDGE		

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Date:	11/	03/	2009	: 3				
The second second	- 1.			٠,	_			_

Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
	Name Justin Stephani
Agenda No. 23	Address 424 S. Brooks St.
	그는 하고 그는 전환하는 사람들이 많아 가지가 함께 하는 하는 사람들이 되는 것 같습니다.
	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
	보이트 1906년 1일
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
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

	elected official or emplo nmental body?	yee who is appearing	solely on behalf of you	r office or for you  Yes	r municipality or ☐ No
	vered "yes" to the questic you answered "no" to th			his form, except to	hat you must sign
If you are b that:	peing paid for your repre	sentation, or if your	appearance is part of o	ther paid duties, p	please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lobbyi	st, you or your principa	l must file an auth	norization
2.	Your principal is not City Clerk.	permitted to authoriz	ze you to lobby unless	you are registered	with the
3.		ne principal must file	than \$1,000 for lobbying expense statements w		
	to the City Clerk's wel of the City-County Buildin			<u>ıl</u> or go to the (	Clerk's Office at
Date		Signature			
		Print Name			
		the contract of the contract o			the contract of the second contract of the se

	-1		/>		1	9
Date:		1	15	1	$\cup$	[:

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Jamie Stark  Address 1022 W. Johnson St, Apt 110  Madrison, WI 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	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question)	duties for this person or organization?   Yes No complete the rest of this form. If you answered "yes," go on to the next
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 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	Signature
A.A.	Print Name

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Date:	- 11.	1 1	/Z 001 -	1.00
Daic.	- 1 1 /		1000	

Registration	on Statement	Common C	Council	
Please Print		COMMITTEE		
Please Print		PLEASE	PRINT CLEARLY	
		Name	Samuel Stevens	
Agenda No.	-5	Address	515 University Ave.	
			Madison, WI 53703	
Please check the appro	priate boxes:			
Support Oppose Neither Sur	pport Nor Oppose		and Wish to speak Do not wish to speak Available to answer questions	
(If you answered "no, of who you represent a	" <b>STOP;</b> you need not cond go on to the next que	omplete the res stion)	son other than yourself: Yes Yoo st of this form. If you answered "yes," provide the initial provide the initial you are representing:	e name
Are you being paid for	your representation?		☐ Yes ☐ No	
	part of your other paid du "STOP; you need not co		erson or organization?	he next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	anamaminoo aaraaaanamini	3 minutes	

Are you an el other government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: ///03/2009

Registration Stat	ement - Common	Council	
Please Print	PLEAS	E PRINT CLEARLY	
Agenda No. 23	Name Addres	Anthony 1 132 Lathr Madison, W	Cetali of Spreet NI 5372C
Please check the appropriate bo	kes:		
Support Oppose Neither Support N  At this meeting are you represent (If you answered "no," STOP; of who you represent and go on	nting an organization or a pe you need not complete the r	rson other than yourself:	to speak answer questions  Yes
Name, address and telephone nu	ımber of each person or orga	anization you are representi	ng:
Are you being paid for your rep	resentation?		☐ Yes ☐ No
Are you appearing as part of yo (If you answered "no," STOP; question.)			☐ Yes ☐ No wered "yes," go on to the next
Informa	learing (Common Council) tion Hearing ems	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:	eing 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 with the state of the
	Print Name

Date:	ARTON DESCRIPTION	1/3	/	00	
	14.75	,			

Registration Stateme	nt - Common Council
Please Print	
	PLEASE PRINT CLEARLY
72	Name Joshua Fogarty  Address 2-C Gerry Ct.
Agenda No.	
	Madizon, W.I #8 93715
Please check the appropriate boxes:	
<b>Support</b>	and Wish to speak  Do not wish to speak
Oppose Neither Support Nor Op	Available to answer questions
(If you answered "no," <b>STOP</b> ; you need of who you represent and go on to the standard and stand	of each person or organization you are representing:
onege Nemech	ats of Madison
Are you being paid for your representa	tion? Yes No
	r paid duties for this person or organization?   Yes No ed not complete the rest of this form. If you answered "yes," go on to the next
Information He	(Common Council) 5 minutes aring 3 minutes 3 minutes

		cted 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 that:	are beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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Room	-	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
		大家,我们就是一个人,我们就是一个人的,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就会一个人,我们就会一个人,我们就会一个人,我们就会

Date: 11/03/09

Registration Statement	Common Council COMMITTEE
Please Print	사용하다면 되는 것으로 모든 일반을 보고 하네지만 한다면 보는데 보다 하다. 12. 설문에 가는 사용하는 것으로 하는데 하는데 보고 있다.
	PLEASE PRINT CLEARLY
	Name Stephen Duerst
Agenda No.	Address 1232 Bower Ct.
	Madison, W1 53715
Please check the appropriate boxes:	
Support	and Wish to speak  Do not wish to speak
Oppose	Do not wish to speak  Available to answer questions
Neither Support Nor Oppose	♥
At this meeting are you representing an orga	nization or a person other than yourself:  Yes No
(If you answered "no," STOP; you need not	t complete the rest of this form If you answered "yes," provide the name
of who you represent and go on to the next q	uestion)
Name, address and telephone number of each	h person or organization you are representing:
UW-Madison (ol	lege Republicans
1232 Bower (	Cf
1232 Bower ( Madson WI	53715 715-573-6950
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 question)	t complete the rest of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	nmon Council)5 minutes
Information Hearing	3 minutes 3 minutes
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	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 ///	103/09 Signature / 1

Print Name

Date: 11/3/09

Registrai	ion Statement	COMMITTEE	
Please Print		PLEASE PRINT (	CLEARLY
Agenda No. 2	3	Name Address	njamin E. Bruce, 1
Please check the app	ropriate boxes:		
Support Oppose Neither St	upport Nor Oppose	and	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
(If you answered "no	you representing an organ o," <b>STOP;</b> you need not t and go on to the next qu	nization or a person other complete the rest of this uestion)	r than yourself:  Yes  No form If you answered "yes," provide the name
Name, address and to	elephone number of each	n person or organization	you are representing:
Are you being paid f	for your representation?		☐ Yes ☐ No
Are you appearing a (If you answered "nequestion.)	s part of your other paid o," <b>STOP;</b> you need not	duties for this person or complete the rest of this	organization?
Speaking Limits:	Information Hearing.	mon Council) 5 minu 3 minu 3 minu	ites

: · -	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	Print Name

Date: 1/3/09

Registration Statement	t - Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Address
Please check the appropriate boxes:  Support Oppose Neither Support Nor Opp	and   Wish to speak   Do not wish to speak   Available to answer questions
(If you answered "no," <b>STOP</b> ; you need of who you represent and go on to the ne	organization or a person other than yourself: Yes No do not complete the rest of this form. If you answered "yes," provide the name ext question.)  Teach person or organization you are representing:
Are you being paid for your representation	on? Yes No
	paid duties for this person or organization?   Yes   No   not complete the rest of this form. If you answered "yes," go on to the next
Information Hear	Common Council) 5 minutes ring 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?
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Date	Signature
	Print Name