Date 11/10/09

Early Public Comment Registration Statement - Common Council 2010 OPERATING BUDGET

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Name Kristen Petr	Address: H	45 Petra Pl., #1 Madison, W1 537
ENTER AMENDMENT NUMBER		,
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

Page 2 of 2

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, addre	ess and telephone number of each person or organization you are representing:				
Are you bein	ng paid for your representation?				
	earing as part of your other paid duties for this person or organization? Yes No vered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)				
•	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question.)				
If you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be				
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 3 of the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				

Date

Early Public Comment Registration Statement - Common Council
2010 OPERATING BUDGET

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

PLEASE PRINT CLEARLY Name	Address: 1 2 2	GE, Williamson Fi
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	8 ONE BOX IN THIS COLUMN
Amendment No. 10	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer

Page 2 of 2

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, add	address and telephone number of each person or organization you are represe	enting:			
Are you be	ı being paid for your representation?	∕es □ No			
(If you ans	appearing as part of your other paid duties for this person or organization? [answered "no," STOP; you need not complete the rest of this form. If you answit question.)				
•	u an elected official or employee who is appearing solely on behalf of your ality or other governmental body?				
	answered "yes" to the question, STOP . You need not complete the rest of the standard standa				
If you are advised th	are being paid for your representation, or if your appearance is part of other part that:	aid duties, please be			
1	Before you engage in lobbying as a lobbyist, you or your principal authorization with the City Clerk.	must file an			
2.	2. Your principal is not permitted to authorize you to lobby unless you a with the City Clerk.	are registered			
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?				
	e go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go m 103 of the City-County Building, Madison, for more information.)	to the Clerk's Office			
Date	Signature				
	Print Name				

Date _//~/0~09

Early Public Comment Registration Statement - Common Council 2010 OPERATING BUDGET

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

PLEASE PRINT CLEARLY Name STEPHEN M. BOTT	Address: 27	18 PHEASANT RIOUT TAAIL \$102
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No//	Support Oppose Neither Support Nor Oppose	◯ Wish to speak◯ Do not wish to speak◯ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☑ Neither Support Nor Oppose	◯ Wish to speak◯ Do not wish to speak◯ Available to answer questions
Amendment No		Wish to speak☐ Do not wish to speak☒ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

Page 2 of 2

At this meeting are you representing an organization or a person other than yourself: Yes (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,	addres	s and telephone numb	per of each pers	son or organization yoเ	are representing:
	·				
Are you	ı being	paid for your represer	ntation?		☐ Yes ☐ No
Are you (If you o	answe	red "no," STOP; you n	ther paid duties eed not comple	for this person or orga ete the rest of this form	nization?
		elected official or emp r other governmental t		appearing solely on b	ehalf of your office or for your
(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)					
If you a		ng paid for your repre	sentation, or if y	your appearance is pa	rt of other paid duties, please be
	1	Before you engage authorization with the		a lobbyist, you or yo	ur principal must file an
	 Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 				
	3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)					
Date	11-1	10-09	Signature	SMRNO STECHEN M	
			Print Name	STECHEN M	BOTTILA

Date: 11 10 2009

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Wesley Ma	MW Address: 24	5 S. Pad St 45 USM, WI 53713
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	•
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	 Wish to speak ∑ Do not wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speakDo not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	 Wish to speak Do not wish to speak Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP ; you need not complete the rest of this form If you answered "yes," provide the name of who you represent and go on to the next question.)					
Name, addre	ess and telephone number of each person or organization	n you are representing:			
Are you bein	ng paid for your representation?	☐ Yes ☐ No			
	earing as part of your other paid duties for this person or vered "no," STOP ; you need not complete the rest of this estion)				
	elected official or employee who is appearing solely or other governmental body?	on behalf of your office or for your			
	(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)				
If you are be advised that:	eing paid for your representation, or if your appearance is	s part of other paid duties, please be			
1.	Before you engage in lobbying as a lobbyist, you o authorization with the City Clerk.	or your principal must file an			
2.	Your principal is not permitted to authorize you to lob with the City Clerk.	oby unless you are registered			
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 t at Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/</u> 3 of the City-County Building, Madison, for more informati	findex.html or go to the Clerk's Office ion.)			
Date	·				
	Print Name				

Date: 2009-11-10

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Rick Richards	Address: 710	SPAUCE ST
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No3	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak✓ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

this meeting are you representing an organization or a person other than yourself: \(\mathbb{N} \) Yes \(\mathbb{N} \) No if you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide ne name of who you represent and go on to the next question.)			
lame, address and telephone number of each person or organization you are representing:			
WYOU Commission Receipt Telemin			
609 E Washington au			
WYOU Comminute Rivers Telemin 609 E. Washington au Madria WI 53715			
re you being paid for your representation?			
The you appearing as part of your other paid duties for this person or organization? Yes No lef you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to next question.)			
are you an elected official or employee who is appearing solely on behalf of your office or for your nunicipality or other governmental body?			
If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that ou must sign this form. If you answered "no" to the question, go on to the next question.)			
you are being paid for your representation, or if your appearance is part of other paid duties, please be dvised that:			
 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			
If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office t Room 103 of the City-County Building, Madison, for more information.)			
Date Signature			
Print Name			

Date: 11 /10/2009

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Susan Page	Address: 31	02 Manchester Rea abson W/ 53719
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes (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,	Name, address and telephone number of each person or organization you are representing:						
	· , -						
Are yo	u being	paid for your repres	entation?		☐ Yes	No	
(If you		red "no," STOP; you		r this person or organizat the rest of this form. If yo		No /es," go on to	
		elected official or er or other governmenta		pearing solely on behal		e or for your No	
		•		need not complete the ruuestion, go on to the nex		n, except that	
	are bei ed that:	ng paid for your repr	esentation, or if you	ur appearance is part of	other paid duti	es, please be	
	1.	Before you engage authorization with the		lobbyist, you or your p	rincipal must	file an	
	2.	Your principal is no with the City Clerk	t permitted to auth	orize you to lobby unles	s you are regi	stered	
	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 wel of the City-County B		dison.com/clerk/index.htn r more information)	nl or go to the	Clerk's Office	
Date _	(1)	0/2009	Signature <u></u>	Susan fre	Seath		
	·		Print Name	Susant.	Scatt		

Date: // 10 09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Crang Mayer	Address: /92	-1 Fremont Av adison WS 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. 3	Support to restore \$30,000 Oppose Neither Support Nor Oppose	Available to answer questions
Amendment No.	Support functions Honeless program Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support funda community program Oppose Neither Support Nor Oppose	☐ Wish to speak ☑ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe		on or a person other than yourself: Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name, addre	ss and telephone number of each per	son or organization you are representing:
WYO	U 258-9644 609E	Wash
Commi	U 258-9644 609E	
Are you being	g paid for your representation?	☐ Yes ØNo
	ered "no," STOP; you need not compl	s for this person or organization? Yes No ete the rest of this form. If you answered "yes," go on to
	elected official or employee who is or other governmental body?	appearing solely on behalf of your office or for your Yes No
	· · · · · · · · · · · · · · · · · · ·	ou need not complete the rest of this form, except that e question, go on to the next question.)
If you are be advised that:		your appearance is part of other paid duties, please be
1	Before you engage in lobbying as authorization with the City Clerk.	a lobbyist, you or your principal must file an
2.	Your principal is not permitted to a with the City Clerk	uthorize you to lobby unless you are registered
3 .		more than \$1,000 for lobbying services in any cipal must file expense statements with the City lar year?
	o the City Clerk's website <u>www.cityofr</u> of the City-County Building, Madison	madison.com/clerk/index.html or go to the Clerk's Office , for more information.)
Date///	<i>∂</i> / <i>∂</i> 9 Signature	Ang.
	Print Name	- Evaig Mayor

Date: 1/10/09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Linda Ketchau	Address: 8/3	Flora Ln
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 3	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	₩ish to speak Do not wish to speak Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you	ı answ	ng are you representir ered "no," STOP; you who you represent and	need not comp	lete the rest o	of this form.	n yourself: <i>If you an</i>	:⊠Yes eswered "yes	∐ No s," provide
	•	ss and telephone nun	•	_	-	_		
Ma	disor	1-avea Urban 1	nonistry	2300 S.	Park	#5-	Mad	(400 S 373
								
Are yo	ou bein	g paid for your repres	entation?				Yes 🗹 I	No
(If you	ou appe u answe ext que	earing as part of your of ered "no," STOP; you stion.)	other paid dutie need not comp	s for this pers lete the rest o	on or orgar of this form	nization? If you and	⊠Yes swered "yes	No No s," go on to
		elected official or en or other governmental		appearing s	olely on be	ehalf of y	our office o	or for your No
		ered "yes" to the que In this form. If you ans						except that
	are be	ing paid for your repr	esentation, or if	your appear	ance is par	t of other	paid duties,	please be
	1	Before you engage authorization with th		s a lobbyist,	you or you	ur princip	al must file	an
	2.	Your principal is no with the City Clerk.	t permitted to a	authorize you	to lobby u	nless you	ı are registe	ered
	3	If your principal spe reporting period (ha Clerk for the remain	lf year), the prir	ncipal must fi	\$1,000 for le expense	lobbying statemer	services in its with the	any City
		o the City Clerk's web 3 of the City-County B				<u>c.html</u> or g	go to the Cle	erk's Office
Date	16	10/09	Signature	D) =	a Ket			
			Print Name	Lind	a Ket	chang		

Date: 4/10/09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: 54 AP K + 1	Address: 2 M CHECK ONE BOX IN THIS COLUM	adison Us 53716
ENTER ANIENDINENT NOMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 10	Support Oppose Neither Support Nor Oppose	Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Name, addres	ss and telephone number of each person or organizatio	n you are representing:	
Are you being	g paid for your representation?	☐ Yes ☐ No	
	earing as part of your other paid duties for this person or ered "no," STOP; you need not complete the rest of this stion.)		
	elected official or employee who is appearing solely or other governmental body?	on behalf of your office or for your Yes No	
•	ered "yes" to the question, STOP. You need not comp on this form If you answered "no" to the question, go on	· · · · · · · · · · · · · · · · · · ·	
If you are bei advised that:	ing paid for your representation, or if your appearance	is part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	or your principal must file an	
2.	Your principal is not permitted to authorize you to lo with the City Clerk	bby unless you are registered	
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</u> of the City-County Building, Madison, for more informa		
Date	Signature		
	Print Name		

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name:	derson Address: 770	of Lois Lowry Ln. idison, W1 53719
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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At this meeting are you representing an organization or a person other than yourself: Yes (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, addre	ess and telephone number of each person or organization you are representing:		
		-	
			
Are you bein	ng paid for your representation?		
	earing as part of your other paid duties for this person or organization? Yes No rered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on the stion.)		
	elected official or employee who is appearing solely on behalf of your office or for you or other governmental body?	ıŕ	
(If you answ you must sig	vered "yes" to the question, STOP You need not complete the rest of this form, except the gn this form. If you answered "no" to the question, go on to the next question.)	at	
If you are be advised that:	eing paid for your representation, or if your appearance is part of other paid duties, please b	е	
. 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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If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Please go to at Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Offic 3 of the City-County Building, Madison, for more information.)	е	
Date	Signature		
	Print Name		

Date: 009-11-10

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY		
Name: RICH RICHARIS	Address: 710	SPAUCE ST
<u> </u>		ISOU, WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 3	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	 Wish to speak Do not wish to speak Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	

Name, address and telephone number of each person or organization you are representing: \[\lambda \rightarrow \frac{1}{2} \r	(If you answe	ing are you representing an organization or a person other than yourself: \(\sqrt{\text{\text{Y}}} \) Yes \(\sqrt{\text{P}} \) reverse \(\sqrt{\text{N}} \) in the next question \(\) answered \(\sqrt{\text{yes}}, \) in prover \(\sqrt{\text{who you represent and go on to the next question} \) \(\)	
Are you being paid for your representation?	Name, addres	ess and telephone number of each person or organization you are representing:	
Are you being paid for your representation?		WYOY	
Are you being paid for your representation?		609 E. WASH	
Are you appearing as part of your other paid duties for this person or organization? \[\text{Yes} \] Yes \[\text{No} \] 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.) Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? \[\text{Yes} \] No (If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.) If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: 1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year? (Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)			
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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 to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.) Date Signature	1.		
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at Room 103 of the City-County Building, Madison, for more information.) Date Signature	reporting period (half year), the principal must file expense statements with the City		
	(Please go to at Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Oi 3 of the City-County Building, Madison, for more information.)	ffice
	Date	Signature	

Date: 11/10/09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: 4my 5 Mount	Moch Address: 3C	15 S. Baldwin StAp Madison, WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No/O	Support Oppose Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	

(If you answe	ing are you representing an organization or a person of ered "no," STOP; you need not complete the rest of the who you represent and go on to the next question.)	
Name, addre	ess and telephone number of each person or organiza	tion you are representing:
Are you bein	ng paid for your representation?	☐ Yes ☐ No
	earing as part of your other paid duties for this person ered "no," STOP; you need not complete the rest of the estion.)	
	elected official or employee who is appearing sole or other governmental body?	ely on behalf of your office or for your Yes No
· •	vered "yes" to the question, STOP . You need not congretely this form. If you answered "no" to the question, go o	
If you are be advised that	eing paid for your representation, or if your appearand:	ce is part of other paid duties, please be
1.	Before you engage in lobbying as a lobbyist, yo authorization with the City Clerk.	u or your principal must file an
2	Your principal is not permitted to authorize you to with the City Clerk.	lobby unless you are registered
3	If your principal spends or will owe more than \$1, reporting period (half year), the principal must file of Clerk for the remainder of the calendar year?	
	to the City Clerk's website <u>www.cityofmadison.com/cl</u> 3 of the City-County Building, Madison, for more inforr	
Date	Signature	
	Print Name	

Date: 11 10 0 9

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Loci Kie	Address: 441	3 Doe Crossing Tr dison WI 53704
ENTER AMENDMENT NUMBER		
Amendment No	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☑ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	

At this meeting are you representing an organization or a person other than yourself: ☑ Yes ☐ No (If you answered "no," STOP; you need not complete the rest of this form If you answered "yes," provide the name of who you represent and go on to the next question.)			
Name, address and telephone number of e	each person or organization you are representing:		
Are you being paid for your representation	? Yes No		
	id duties for this person or organization? Yes You answered "yes," go on to		
Are you an elected official or employee municipality or other governmental body?	who is appearing solely on behalf of your office or for your Yes No		
	TOP. You need not complete the rest of this form, except that no" to the question, go on to the next question)		
If you are being paid for your representationadvised that:	on, or if your appearance is part of other paid duties, please be		
Before you engage in lobb authorization with the City C	ying as a lobbyist, you or your principal must file an lerk.		
 Your principal is not permit with the City Clerk. 	ted to authorize you to lobby unless you are registered		
* · · · · ·	will owe more than \$1,000 for lobbying services in any the principal must file expense statements with the City e calendar year?		
(Please go to the City Clerk's website www at Room 103 of the City-County Building, I	w.cityofmadison.com/clerk/index.html or go to the Clerk's Office Madison, for more information.)		
Date 11 10 69 Sign	ature Lou E Ve F		
Print	Name LORI KIEF		

Date: //-/// - 199

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name:	Address: 2/	10 Marinelle I
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	VIN & ONE BOX IN THIS COLUMN
Amendment No. #6	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No. #8	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe	ng are you representing an organization or a person other than yourself: Yes \sum No ered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide who you represent and go on to the next question.)
Name, addre	ess and telephone number of each person or organization you are representing: (2)50. Wash.
•	g paid for your representation?
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization? Yes \sum No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
(If you answ you must sig	ered "yes" to the question, STOP . You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)
If you are be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be
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 3 of the City-County Building, Madison, for more information.)
Date //-	10-09 Signature Julian Schmith
•	Print Name
	u

Devating Budget

Date: 10 Nov 09

Registration Statement - Common Council

2010 CAPITAL BUDGET

PLEASE PRINT CLEARLY Name: Sary Teter ENTER AMENDMENT NUMBER	Address: Add	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

REGISTRATION STATEMENT - PAGE 2

(If you answe	ng are you representing an organization or a person other than yourself: Yes No ered "no," STOP ; you need not complete the rest of this form If you answered "yes," provide whom you represent and go on to the next question.)
Name, addre	ss and telephone number of each person or organization you are representing:
Are you being	g paid for your representation?
	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that n this form. If you 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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 11/10/09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

Name: Cina	Shess Address: 23	O Wanbesa St
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe	ng are you representing an organization or a persered "no," STOP ; you need not complete the rest who you represent and go on to the next question	t of this form If you answered "yes," provide	
Name, addre	lame, address and telephone number of each person or organization you are representing:		
Are you being	g paid for your representation?	☐ Yes ☐ No	
	earing as part of your other paid duties for this peered "no," STOP; you need not complete the rest		
	elected official or employee who is appearing or other governmental body?	solely on behalf of your office or for your Yes No	
	ered "yes" to the question, STOP. You need non this form. If you answered "no" to the question,		
If you are be advised that:	ing paid for your representation, or if your appea	rance is part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist authorization with the City Clerk.	, you or your principal must file an	
2	Your principal is not permitted to authorize yo with the City Clerk.	u to lobby unless you are registered	
3	If your principal spends or will owe more than reporting period (half year), the principal must Clerk for the remainder of the calendar year?		
	o the City Clerk's website <u>www.cityofmadison.com</u> of the City-County Building, Madison, for more in		
Date	Signature		
	Print Name		

Date: 1//0/09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Anneliase Emers	οη Address: 513	37 Whitcomb Dr
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	dison-W1 53711
Amendment No. 3	Support Oppose Neither Support Nor Oppose	Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)			
Name, addre	ss and telephone number of each person or organization	you are representing:	
Are you being	g paid for your representation?	☐ Yes ☐ No	
	earing as part of your other paid duties for this person or or ered "no," STOP; you need not complete the rest of this fostion.)		
	elected official or employee who is appearing solely or other governmental body?	n behalf of your office or for your	
•	ered "yes" to the question, STOP You need not comple n this form. If you answered "no" to the question, go on to	=	
If you are be advised that:	ing paid for your representation, or if your appearance is	part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist, you or authorization with the City Clerk	your principal must file an	
2 .	Your principal is not permitted to authorize you to lobb with the City Clerk	oy unless you are registered	
3.	If your principal spends or will owe more than \$1,000 reporting period (half year), the principal must file expectler for the remainder of the calendar year?	for lobbying services in any ense statements with the City	
	o the City Clerk's website <u>www.cityofmadison.com/clerk/ii</u> of the City-County Building, Madison, for more information		
Date	Signature		
	Print Name		

Date: NW (0 2003

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: ROCK BRO	des Address: 20	TIG MASON
ENTER AMENDMENT NUMBER		
Amendment No3	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak✓ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	✓ Wish to speak✓ Do not wish to speak✓ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions

(If you	answe	ing are you representing an organization or a person other than yourself: Yes vered "no," STOP ; you need not complete the rest of this form. If you answered "yes," power who you represent and go on to the next question)	☑ No rovide
Name,	, addres	ess and telephone number of each person or organization you are representing:	
Are vo	u being	ng paid for your representation?	
Are yo	u appe	pearing as part of your other paid duties for this person or organization?	☐ No o on to
_		elected official or employee who is appearing solely on behalf of your office or fo or other governmental body?	r your
		vered "yes" to the question, STOP You need not complete the rest of this form, exce _l gn this form. If you answered "no" to the question, go on to the next question.)	pt that
	are bei	eing paid for your representation, or if your appearance is part of other paid duties, pleat:	ase be
	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 3 of the City-County Building, Madison, for more information.	Office
Date	NS	V.10 mg Signature When There	
		Print Name RICK BROOKS	
		\mathcal{U}	

Date:	

PLEASE PRINT CLEARLY Name: Ve Ve	LNe Address: 5	28 Wedger 20
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	allow VI
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes (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,	addres	ss and telephone number of each person or organization you are representing:		
Are you	being	g paid for your representation?		
	answe	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
		ered "yes" to the question, STOP . You need not complete the rest of this form, except that In this form. If you answered "no" to the question, go on to the next question.)		
If you a advised	re bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be		
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2	2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk		
;	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?			
at Roon		o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)		
Date _		Signature Print Name		

Date: 11-10-09

PLEASE PRINT CLEARLY			
Name: Scott B. THOM	RNTW Address: 11	of Jenifer ST	
ENTER AMENDMENT NUMBER		N & ONE BOX IN THIS COLUMN	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No. 8	Support Oppose Neither Support Nor Oppose	☑ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No. 10	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No: Rep. Self.	Support☐ Oppose☐ Neither Support Nor Oppose	☒ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	

At this meeting are you representing an organization or a person other than yourself: \(\sqrt{2}\) Yes \(\sqrt{1}\) 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, addres	Name, address and telephone number of each person or organization you are representing:				
	MARQUETTE NEIGHBORHOOD ASSOC, (MNA)				
Are you being	paid for your representation?				
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)				
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?				
(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)					
If you are bei advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be				
1.	 Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk. 				
2.	2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?					
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)				
Date	-10-09 Signature 5-B-7				
	Print Name Scott B. THORNTON				

Date:	
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PLEASE PRINT CLEARLY Name: Michael OV	BRIEW Address: 40	18 ROCKWell DA
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes I 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, ad	Name, address and telephone number of each person or organization you are representing:				
Are you b	eing paid for your representation?				
•	ppearing as part of your other paid duties for this person or organization? Yes No swered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to usestion.)				
	an elected official or employee who is appearing solely on behalf of your office or for your ity or other governmental body?				
•	swered "yes" to the question, STOP . You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)				
If you are advised t	being paid for your representation, or if your appearance is part of other paid duties, please be nat:				
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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 to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 103 of the City-County Building, Madison, for more information.)				
Date	Signature				
	Print Name				

Date: 11-10-09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY		
Name: May Carbil	و Address: ال	5 F. Washington
		5 E. Washington adisa, us 53703
· ·		20150, WJ 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
		- -
+	—	—
)	Support	Wish to speak
Amendment No.	Oppose	☐ Do not wish to speak ☐ Available to answer
	☐ Neither Support Nor Oppose	questions
		☑ Wish to speak
Amendment No.	Oppose	Do not wish to speak
	☐ Neither Support Nor Oppose	Available to answer questions
		Wish to speak
Amandment No	Support	Do not wish to speak
Amendment No.	☐ Oppose☐ Neither Support Nor Oppose	☐ Available to answer
		questions
	☐ Support	☐ Wish to speak☐ Do not wish to speak
Amendment No.	Oppose	Available to answer
	Neither Support Nor Oppose	questions
	☐ Support	Wish to speak
Amendment No	Oppose	☐ Do not wish to speak ☐ Available to answer
	☐ Neither Support Nor Oppose	questions
	Support	☐ Wish to speak
Amendment No.	Oppose	Do not wish to speak
	☐ Neither Support Nor Oppose	Available to answer questions
		☐ Wish to speak
Amendment No.	☐ Support ☐ Oppose	Do not wish to speak
Amendment No.	☐ Neither Support Nor Oppose	☐ Available to answer
	cappoint to oppose	questions

At this meeting are you representing an organization or a person other than yourself: 📐 Yes 📋 No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)				
Name, addres	ss and telephone numbe	Central	BIO	
	(015 E	Washing	tm Ave	
	IVIadis	in UI	53703	
Are you being	g paid for your represent	tation?		☐ Yes No
				on? 🔀 Yes 🔲 No u answered "yes," go on to
	elected official or empl or other governmental bo		g solely on behalf	of your office or for your ☐ Yes ☐-No
	ered "yes" to the question this form. If you answe			st of this form, except that question.)
If you are bei advised that:	ing paid for your represe	entation, or if your app	earance is part of o	ther paid duties, please be
1	Before you engage in authorization with the 0		ist, you or your pri	ncipal must file an
2	Your principal is not p with the City Clerk.	ermitted to authorize	you to lobby unless	you are registered
3.	If your principal spend reporting period (half y Clerk for the remainder	ear), the principal mu	-	*
(Please go to the City Clerk's website www.cityofmadison/com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date	-10-09	Signature ///	lary land	m
		Print Name	Man	y Carbine

PLEASE PRINT CLEARLY Name: July Spear	Address: PL	2 Jennifer St adison, W (53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	, ,
Amendment No	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No	Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you	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	, addre	ress and telephone number of each person or organization you a	re representing:		
Are yo	ou bein	ing paid for your representation?	☐ Yes ☐ No		
(If you	ı answe	pearing as part of your other paid duties for this person or organization wered "no," STOP; you need not complete the rest of this form. It testion.)		□ No o on to	
		n elected official or employee who is appearing solely on bel y or other governmental body?	nalf of your office or fo ☐ Yes ☐ No	or your	
		wered "yes" to the question, STOP . You need not complete the ign this form. If you answered "no" to the question, go on to the n		pt that	
•	are be	peing paid for your representation, or if your appearance is part eat:	of other paid duties, plea	ase be	
	1.	Before you engage in lobbying as a lobbyist, you or your authorization with the City Clerk	principal must file an		
	2	Your principal is not permitted to authorize you to lobby unwith the City Clerk	less you are registered		
	3.	If your principal spends or will owe more than \$1,000 for lo reporting period (half year), the principal must file expense s Clerk for the remainder of the calendar year?	obbying services in any statements with the City		
(Pleas at Ro	se go t om 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.i</u> 03 of the City-County Building, Madison, for more information)	<u>html</u> or go to the Clerk's	Office	
Date		Signature			
		Print Name			

Date: 1, 10.09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Molissa Miella		1 Linden Ave. 4 Madison W1 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	•
Amendment No.	Support Oppose Neither Support Nor Oppose	✓ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)					
Name, a	ame, address and telephone number of each person or organization you are representing:				
Are you	ng paid for your representation?	10			
	pearing as part of your other paid duties for this person or organization?	☐ No " go on to			
	elected official or employee who is appearing solely on behalf of your office o or other governmental body?	r for your lo			
	wered "yes" to the question, STOP. You need not complete the rest of this form, e ign this form. If you answered "no" to the question, go on to the next question.)	xcept that			
If you ar advised	eing paid for your representation, or if your appearance is part of other paid duties, t:	please be			
1	Before you engage in lobbying as a lobbyist, you or your principal must file authorization with the City Clerk.	an			
2	Your principal is not permitted to authorize you to lobby unless you are register with the City Clerk.	red			
3	If your principal spends or will owe more than \$1,000 for lobbying services in a reporting period (half year), the principal must file expense statements with the Clerk for the remainder of the calendar year?				
(Please at Room	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Cle 3 of the City-County Building, Madison, for more information.)	rk's Office			
Date	Signature				
	Print Name				

PLEASE PRINT CLEARLY Name: //afa/ie //i	1ck/cg Address:	133 E. Gorhan + Mad. WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	₩ish to speakDo not wish to speakAvailable to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

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Name, addre	Name, address and telephone number of each person or organization you are representing:				
Are you bein	ng paid for your representation?	☐ Yes ☐ No			
	pearing as part of your other paid duties for this person or organ wered "no," STOP; you need not complete the rest of this form. estion)				
	n elected official or employee who is appearing solely on be or other governmental body?	ehalf of your office or for your			
•	wered "yes" to the question, STOP . You need not complete thing this form. If you answered "no" to the question, go on to the				
If you are be advised that:	eing paid for your representation, or if your appearance is par it:	t of other paid duties, please be			
1	Before you engage in lobbying as a lobbyist, you or you authorization with the City Clerk	ur principal must file an			
2	Your principal is not permitted to authorize you to lobby u with the City Clerk	nless you are registered			
3.	If your principal spends or will owe more than \$1,000 for reporting period (half year), the principal must file expense Clerk for the remainder of the calendar year?				
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index</u> 33 of the City-County Building, Madison, for more information.)	c.html or go to the Clerk's Office			
Date	Signature				
	Print Name				

Date: 1/10/09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: EC.Z Alt.	Address: 9(5 E. Dayton 2d, W1 5370
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer

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, addre	ss and telephone number of each person or organization you are representing:			
Are you being	g paid for your representation?			
	earing as part of your other paid duties for this person or organization?			
_	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?			
	ered "yes" to the question, STOP . You need not complete the rest of this form, except that n this form. If you 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 3 of the City-County Building, Madison, for more information)			
Date	Signature			
	Print Name			

Date: //- /0 - 0 9

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: HENRY LESHON	JEE Address: 170	MELESS
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No. 3	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question)				
Name, address and telephone number of each person or organization you are representing:				
Are you being paid for your representation? ☐ Yes ☒ No				
Are you appearing as part of your other paid duties for this person or organization? Yes You (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)				
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ Yes ☐ No				
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)				
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)				
Date 11-10-09 Signature Henry Leshone				
Date 11-10-09 Signature Henry Leshouse Print Name HENRY LESHOURE				

Date:	 -	

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Philip Wissbeck	Address: 3527	Solemo Ct. 73
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions

Middleton? Salerno

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Name, addres	ss and telephone number of each person or organization you are representing:		
Are you being	g paid for your representation?		
	earing as part of your other paid duties for this person or organization? \square Yes \square No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
	ered "yes" to the question, STOP . You need not complete the rest of this form, except that n this form. If you 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 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

PLEASE PRINT CLEARLY Name: 70 m 50/y	Address: PO	20/2323 Adway Wy 53701
	Mi	4 deson, W 55701
ENTER AMENDMENT NUMBER		· ·
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



Date: 100 12,09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: NATHANIC D.B.	BLAMS Address: 430	04 HAMMERS/EY RE
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No/_	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer

(If you answe	ered "no," STOP; you	ng an organization or a person or need not complete the rest of t nd go on to the next question.)	ther than yourself: Yes No his form. If you answered "yes," provide
Name, addre	ess and telephone nur	nber of each person or organiza	tion you are representing:
 			
		· · · · · · · · · · · · · · · · · · ·	
Are you bein	g paid for your repres	entation?	☐ Yes ☐ No
	ered "no," STOP; you	other paid duties for this person need not complete the rest of th	or organization?
	elected official or en or other governmenta		ly on behalf of your office or for your ☐ Yes ☐ No
		estion, STOP. You need not conswered "no" to the question, go o	mplete the rest of this form, except that in to the next question.)
If you are be advised that:		esentation, or if your appearanc	ee is part of other paid duties, please be
1	Before you engage authorization with th		u or your principal must file an
2.	Your principal is no with the City Clerk.	t permitted to authorize you to	lobby unless you are registered
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?			
		osite <u>www.cityofmadison.com/cle</u> uilding, Madison, for more inforn	erk/index.html or go to the Clerk's Office nation.)
Date No	1,12,2009	Signature Abellion	Rel D. ABRAMS Je
		Print Name A ATHAN	ILC D. ABRAMS JA

Date: Nov 10, 2009

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Alexandra Richter Address: 145 10ta Court Apt 101			
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN	
Amendment No. 3	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose		

(If you answe	ng are you representing an organization or a person other than yourself: Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide who you represent and go on to the next question.)		
Name, addre	ess and telephone number of each person or organization you are representing:		
Are you being	g paid for your representation?		
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
(If you answe you must sign	ered "yes" to the question, STOP You need not complete the rest of this form, except that In this form. If you answered "no" to the question, go on to the next question.)		
If you are be advised that:	ring paid for your representation, or if your appearance is part of other paid duties, please be		
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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 3 of the City-County Building, Madison, for more information.)		
Date Nov	110, 2009 Signature Junah Reche		
	Print Name Alexandra Richder		

Date: 11/10/2009

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Rachel Krueger	Address: 615	E. Carham St. Apt 2
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	E Carham St Apt 2 dison, WI 53703 I & ONE BOX IN THIS COLUMN
Amendment No. 3	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. 16	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe	g are you representing an organization or a person other than red "no," STOP; you need not complete the rest of this form. who you represent and go on to the next question)	yourself: Yes No If you answered "yes," provide
Name, addres	ss and telephone number of each person or organization you	are representing:
Are you being	paid for your representation?	☐ Yes ☐ No
	aring as part of your other paid duties for this person or organ red "no," STOP ; you need not complete the rest of this form. tion.)	
	elected official or employee who is appearing solely on be or other governmental body?	ehalf of your office or for your
	ered "yes" to the question, STOP You need not complete the thin this form. If you answered "no" to the question, go on to the	
If you are bei advised that:	ng paid for your representation, or if your appearance is part	of other paid duties, please be
1.	Before you engage in lobbying as a lobbyist, you or you authorization with the City Clerk.	ır principal must file an
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</u> of the City-County Building, Madison, for more information.)	.html or go to the Clerk's Office
Date	Signature	
·	Print Name	

Date:	90/01/19	

PLEASE PRINT CLEARLY Name: Kevin Schiesser	Address: 225	5 f. Lakelown Pl
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	E. Lakelown PJ John, WI 53783 & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



(If you answe	ng are you representing an organization or a person other than yourself: Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide who you represent and go on to the next question.)
Name, addre	ss and telephone number of each person or organization you are representing:
-	
Are you being	g paid for your representation?
	earing as part of your other paid duties for this person or organization? Yes Ao ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion)
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
•	ered "yes" to the question, STOP You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)
If you are be advised that:	ing paid for your representation, or if your appearance is part of other paid duties, please be
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 of the City-County Building, Madison, for more information.)
Date 11/10	Signature MIN MATE
1 4	Print Name Keum Schnesser

Date: 11-10-09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Donna Asia	Address: 201	N. Blair St. \$0
ENTER AMENDMENT NUMBER		& ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No. 10	Support□ Oppose□ Neither Support Nor Oppose	
Amendment No3	SupportOpposeNeither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you	answe	g are you representing an organization or a person other than yourself: Yes X No red "no," STOP ; you need not complete the rest of this form If you answered "yes," provide The you represent and go on to the next question.)		
Name,	Name, address and telephone number of each person or organization you are representing:			
			_	
Are yo	u being	paid for your representation?		
(If you	ou appe answe xt ques	aring as part of your other paid duties for this person or organization? ☐ Yes 🔯 N red "no," STOP; you need not complete the rest of this form. If you answered "yes," go on tion.)		
Are yo munic	ou an e ipality o	elected official or employee who is appearing solely on behalf of your office or for your other governmental body?	ur	
		ered "yes" to the question, STOP . You need not complete the rest of this form, except the thin this form, except the thin this form. If you answered "no" to the question, go on to the next question.)	nat	
	are bei ed that:	ng paid for your representation, or if your appearance is part of other paid duties, please	be	
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk		
	2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk		
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Off of the City-County Building, Madison, for more information.)	ïce	
Date	<u> -1</u>	9 Signature Donna C. As if		
		Print Name Donna C. Asif		

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY		
Name: Harry Bicha	rdsoh Address: 18	Sherman Tev. Mo. Madison, wIs 37
		Madison, wits 37
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No. 3	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No <i> 0</i>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



(If you answe	ng are you representing an organization or a person other ered "no," STOP; you need not complete the rest of this t who you represent and go on to the next question.)	than yourself: Yes No form If you answered "yes," provide	
Name, addre	Name, address and telephone number of each person or organization you are representing:		
Are you bein	g paid for your representation?	☐ Yes ☐ No	
	earing as part of your other paid duties for this person or cered "no," STOP; you need not complete the rest of this festion.)		
•	elected official or employee who is appearing solely or other governmental body?	on behalf of your office or for your	
	ered "yes" to the question, STOP . You need not comple In this form. If you answered "no" to the question, go on to		
If you are be advised that:	ing paid for your representation, or if your appearance is	part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist, you or authorization with the City Clerk	your principal must file an	
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	o the City Clerk's website <u>www.cityofmadison.com/clerk/i</u> 3 of the City-County Building, Madison, for more informatio		
Date	Signature		
	Print Name		

Date:	10/09	
		_

PLEASE PRINT CLEARLY Name: Vincent Colombo	Address:	N. Baldwin St
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N. Baldw. n St Alson, w/ 53703 8 ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
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Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions

(If you answe	ng are you representir ered "no," STOP; you who you represent and	need not comp	lete the rest of this	r than yourself: ☐ Yes 〈
Name, address and telephone number of each person or organization you are representing:				
Are you being	g paid for your represe	entation?		☐ Yes ☐ No
	red "no," STOP; you			organization?
	elected official or en or other governmental		appearing solely	on behalf of your office or for your
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)				
If you are bei	ng paid for your repre	esentation, or it	your appearance is	s part of other paid duties, please be
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?			
(Please go to at Room 103	the City Clerk's web of the City-County Bu	site <u>www.cityof</u> iilding, Madisor	madison.com/clerk/ n, for more informati	index.html or go to the Clerk's Office on)
Date//	10/09	Signature	Maren	Colombo
1	/	Print Name	Vincent	Colomba

Date:	

Name: Hothleen Rideout Address: 425 M Baldwin Secretary Local Go				
Secretary Loca	2)60			
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN		
Amendment No. 👍	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No. 7	Support Oppose Neither Support Nor Oppose			
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose			
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		



At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)			
Name, ac	Name, address and telephone number of each person or organization you are representing:		
Are you b	ng paid for your representation? ☐ Yes ☐ No		
Are you a (If you an the next o	earing as part of your other paid duties for this person or organization? ☐ Yes ☐ No rered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)		
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
	vered "yes" to the question, STOP . You need not complete the rest of this form, except that In this form. If you answered "no" to the question, go on to the next question.)		
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(Please g at Room	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date:		
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PLEASE PRINT CLEARLY 1 2 7				
Name: Tarold Lowe Address: 208 CRystal Land				
J/21/8019 100	7/	Madi Soulet 83714		
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN		
Amendment No. 3	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer guestions		
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose			
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose			



At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)				
Name, addre	Name, address and telephone number of each person or organization you are representing:			
Are you hein	ng paid for your representation?			
Are you appe	earing as part of your other paid duties for this person or organization? ☐ Yes ☐ No rered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to			
-	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?			
	vered "yes" to the question, STOP You need not complete the rest of this form, except that an this form. If you answered "no" to the question, go on to the next question.)			
If you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be			
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 3 of the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

Date:	

PLEASE PRINT CLEARLY			
Name: Gretchen Lowe Address: 205 Crystal Ln Makison WI 53714			
·	Ma	ison W/ 53714	
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN		
Amendment No. 3	Support Doppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose		
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose		
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answer questions	



At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)		
r of each person	or organization you are	representing:
ition?		☐ Yes ☐ No
yee who is ap _l dy?	pearing solely on beha	If of your office or for your
ntation, or if you	ur appearance is part of	other paid duties, please be
lobbying as a ity Clerk.	lobbyist, you or your p	orincipal must file an
ermitted to author	orize you to lobby unles	ss you are registered
ear), the principa	al must file expense sta	
		ml or go to the Clerk's Office
Signature		
	ed not complete on to the next of each person etion? er paid duties for ed not complete yee who is apply? ed "no" to the quantation, or if you lobbying as a ety Clerk ermitted to author ear), the principle of the calendar www.cityofmac ng, Madison, for Signature	ed not complete the rest of this form. If yo on to the next question.) To of each person or organization you are each person or organization? The paid duties for this person or organizated not complete the rest of this form. If you yee who is appearing solely on behaltly? The stop. You need not complete the rest of "no" to the question, go on to the next ed "no" to the question, go on to the next entation, or if your appearance is part of a lobbying as a lobbyist, you or your put you clerk. The imitted to authorize you to lobby unless or will owe more than \$1,000 for lobbear), the principal must file expense states of the calendar year? The www.cityofmadison.com/clerk/index.htm. The image of the calendar year? The image of the calendar year? The image of the calendar year?

Date:	

PLEASE PRINT CLEARLY M HOL	Dway Address: 3(0)) W. Wush. PZ12
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe	ng are you representing an organization or a person other than yourself: Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide who you represent and go on to the next question)
Name, addre	ss and telephone number of each person or organization you are representing:
Are you being	g paid for your representation?
	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)
<u>-</u>	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)
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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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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)
Date Ma	10,09 Signature Report M. Helbert
	Print Name Robert M Hollawry

Date:	10	Nov	2009

PLEASE PRINT CLEARLY Name: JANE ANNE MORRIS	Address: 29	E Wilson # 205
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	E Wilson # 208 Son W1 53703 1 & ONE BOX IN THIS COLUMN
Amendment No. 3	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	 Wish to speak Do not wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe	ng are you representing an organization or a person other than yourself: \(\subseteq \text{Yes} \) \(\subseteq \text{I} \) row who you represent and go on to the next question.)		
Name, addre	Name, address and telephone number of each person or organization you are representing:		
Are you being	ng paid for your representation?		
	ered "no," STOP; you need not complete the rest of this form. If you answered "yes," go of	No n to	
	elected official or employee who is appearing solely on behalf of your office or for y or other governmental body?	our/	
•	vered "yes" to the question, STOP You need not complete the rest of this form, except in this form. If you answered "no" to the question, go on to the next question.)	that	
If you are be advised that:	eing paid for your representation, or if your appearance is part of other paid duties, please	: be	
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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 Of 3 of the City-County Building, Madison, for more information.)	fice	
Date	Signature		
	Print Name		

Date: 1/10/09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: NATE GODFI	REY Address: 34	H W. DAYTON #1
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	8 ONE BOX IN THIS COLUMN
Amendment No.	✓ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answerquestions
Amendment No. 10	✓ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	 Wish to speak Do not wish to speak Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



(If you answ	ing are you representing an organization or a person other than yourself: Yes _XNo vered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide who you represent and go on to the next question.)
Name, addre	ess and telephone number of each person or organization you are representing:
Are you bein	ng paid for your representation? ☐ Yes ☐ No
	pearing as part of your other paid duties for this person or organization? Yes No vered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)
-	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
• •	vered "yes" to the question, STOP. You need not complete the rest of this form, except that gn this form. If you answered "no" to the question, go on to the next question)
If you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be t:
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 3 of the City-County Building, Madison, for more information.)
Date	1/11/09 Signature Mallul Hally
	Print Name NATE GODFRET

Date: 11/10/09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

D4

PLEASE PRINT CLEARLY		- 10
Name: Ofive Oyas	Ma Address: 12	3 W Gorhama
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	adison
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☑ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	 Wish to speak Do not wish to speak Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answ	ting are you representing an organization or a person other vered "no," STOP; you need not complete the rest of this for full from the second represent and go on to the next question.)	
Name, addre	ress and telephone number of each person or organization y	you are representing:
Are you bein	ng paid for your representation?	☐ Yes ☐ No
	pearing as part of your other paid duties for this person or or or vered "no," STOP ; you need not complete the rest of this for estion.)	
	elected official or employee who is appearing solely or or other governmental body?	n behalf of your office or for your
	vered "yes" to the question, STOP . You need not complete gn this form. If you answered "no" to the question, go on to	
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1.	Before you engage in lobbying as a lobbyist, you or authorization with the City Clerk.	your principal must file an
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/in</u> 3 of the City-County Building, Madison, for more information	
Date	Signature	
	— • 4 • •	

Date:	

PLEASE PRINT CLEARLY Name: ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	aison W. 35203
Amendment No. #3	Support Oppose	☐ Wish to speak ☐ Do not wish to speak
	Neither Support Nor Oppose Support	☐ Available to answer questions ☐ Wish to speak ☐ Do not wish to speak
Amendment No. #	Oppose Neither Support Nor Oppose	Available to answerquestionsWish to speak
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



(If you answe	ng are you representing an organization or a person other than yourself: Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide who you represent and go on to the next question.)		
Name, addre	Name, address and telephone number of each person or organization you are representing:		
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	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
1 •	ered "yes" to the question, STOP . You need not complete the rest of this form, except that n this form. If you 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 of the City-County Building, Madison, for more information.)		
Date // -/	0-2009 Signature De La Day		
	Print Name Kechand Kaken		

Date: 11/10/09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY		N 1
Name: Heidi Johnson	Address: 30	7 W. Doty St #1
	CHECK ONE BOX IN THIS COLUMN	DISON, WI 53703 8 ONE BOX IN THIS COLUMN
Amendment No. 3	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☑ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe	ng are you representing an organization or a person other than yourself: Yes No ered "no," STOP; you need not complete the rest of this form If you answered "yes," provide who you represent and go on to the next question.)
	ss and telephone number of each person or organization you are representing:
609	OU Community TV. E Washington & Ave. ISON, WI 53703
MAD	ISON, WI 53703
Are you being	g paid for your representation?
	aring as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that a this form. If you answered "no" to the question, go on to the next question.)
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Datet	Date:	11/10/09	
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PLEASE PRINT CLEARLY Name: Mike Conte	Address: 53	3 w Man #108
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	Madison 1 & ONE BOX IN THIS COLUMN
Amendment No	\$upport Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
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Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	



At this meeting are you representing an organization or a person other than yourself: Yes (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, addre	ess and telephone number of each person or organizati	on you are representing:		
Are you being	ng paid for your representation?	☐ Yes ☐ No		
Are you appe	earing as part of your other paid duties for this person of ered "no," STOP; you need not complete the rest of thi	or organization?		
•	elected official or employee who is appearing solely or other governmental body?	y on behalf of your office or for your ☐ Yes ☐ No		
	vered "yes" to the question, STOP . You need not com gn this form. If you answered "no" to the question, go or			
If you are be advised that:	eing paid for your representation, or if your appearance	e is part of other paid duties, please be		
1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	or your principal must file an		
2.	Your principal is not permitted to authorize you to l	obby unless you are registered		
3.	If your principal spends or will owe more than \$1,0 reporting period (half year), the principal must file exClerk for the remainder of the calendar year?			
	to the City Clerk's website <u>www.cityofmadison.com/clei</u> 3 of the City-County Building, Madison, for more inform			
Date	Signature			
	Print Name			

Date:	11/10/09

PLEASE PRINT CLEARLY Name: Sonathan Ca	Address: 20	08 S. Henry St.
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	_
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Name, address and	telephone number of each per	rson or organization you are	e representing:
Are you being paid	for your representation?		☐ Yes ☐ No
	as part of your other paid duties o," STOP; you need not compl		
	d official or employee who is r governmental body?	appearing solely on beha	alf of your office or for your ☐ Yes ☐ No
(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)			
If you are being pai advised that:	id for your representation, or if	your appearance is part of	other paid duties, please be
	re you engage in lobbying as prization with the City Clerk.	s a lobbyist, you or your _l	principal must file an
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repor	ur principal spends or will owe ting period (half year), the prin for the remainder of the calend	ncipal must file expense sta	· ·
	City Clerk's website <u>www.cityofi</u> City-County Building, Madison	, for more information)	
Date	Signature	Jonathan I	loop
, ,	Print Name	Jonathan I). Cooper

Date:	11/10/9	

PLEASE PRINT CLEARLY Name: Nancy Wrenn Bav	Address: 4/4	Shepara Tel
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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(If you answ		need not comp		ourself: X Yes
Name, add	ress and telephone num	ber of each pe	rson or organization you are	representing:
_ YINCF	7			
1011	E. Mifflin			
Mal	1150n WI 5370	B		
Are you bei	ing paid for your represe	ntation?		☐ Yes ☐ No
Are you app (If you answ the next qu	wered "no," STOP; you r	ther paid dutie need not comp	es for this person or organiza elete the rest of this form. If y	tion? Yes
	n elected official or em		appearing solely on beha	If of your office or for your Yes No
			ou need not complete the late question, go on to the nex	rest of this form, except that kt question.)
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1	Before you engage authorization with the		s a lobbyist, you or your p	orincipal must file an
2.	Your principal is not with the City Clerk.	permitted to a	authorize you to lobby unles	ss you are registered
3.		year), the prin	e more than \$1,000 for lobl ncipal must file expense sta dar year?	• •
	to the City Clerk's webs 3 of the City-County Bu			ml or go to the Clerk's Office
Date _//	10/9	Signature	May Wenn	Bayel
		Print Name	Muley Wirnn By	guch

Date:	//	/10	0	9	

PLEASE PRINT CLEARLY Name: Sandra Mil	(er Address: 12	39 Spaight St. adison WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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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.)				
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Yes ☐ No ed "yes," go on to				
office or for your				
(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)				
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ces in any th the City				
the Clerk's Office				

Date: Ulot 2009

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

Name: AUSM Bridge	Address: 13	to Puttelie St # 2 alism WP 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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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 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 1/10/2009

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY \		
Name: AAHMA LAV	∖ Address: ∖∫	12/ Sparant 8+
		harson WI 53TE
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
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	n elected official or employee who is appearing solely on behalf of your office or for your yor other governmental body?		
•	swered "yes" to the question, STOP You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)		
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(Please go at Room 1	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 03 of the City-County Building, Madison, for more information)		
Date	Signature		
	Print Name		

Date: + 34.17.10.09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY	\sim 1	1. A Do Se
Name: Melissa Mieller	Touglas Address: 10	1 Linden Ave. Apt. 4 Usen WI 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	• •
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	
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(If you answe	ng are you representing an organization or a person other than yourself: Yes No ered "no," STOP ; you need not complete the rest of this form If you answered "yes," provide who you represent and go on to the next question.)		
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Date	Signature		
	Print Name		

Date: ///09/09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

Name: Jim Skren		IE. MAIN ST. ADISON
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
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(If you answe	ng are you representing an organization or a person other than ered "no," STOP; you need not complete the rest of this form. who you represent and go on to the next question.)		
Name, addres	Name, address and telephone number of each person or organization you are representing:		
Are you being	g paid for your representation?	☐ Yes ☐ No	
	earing as part of your other paid duties for this person or organiered "no," STOP; you need not complete the rest of this form. Is stion.)		
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Date	Signature		

Date: \\\ \ \C \/ \C \/ \C \

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: ERCH SCHRUTER	Address: 122	7 Spaight St.71 Front 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	1
Amendment No3	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	

(If you answe	g are you representing an organization or a person or red "no," STOP; you need not complete the rest of t who you represent and go on to the next question.)	other than yourself: Yes No this form. If you answered "yes," provide	
Name, address and telephone number of each person or organization you are representing:			
Are you being	paid for your representation?	☐ Yes ☐ No	
	aring as part of your other paid duties for this person red "no," STOP; you need not complete the rest of the tion)		
	elected official or employee who is appearing sole or other governmental body?	ely on behalf of your office or for your Yes No	
	ered "yes" to the question, STOP . You need not contain this form. If you answered "no" to the question, go o		
If you are bei advised that:	ng paid for your representation, or if your appearance	ce is part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk		
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	the City Clerk's website <u>www.cityofmadison.com/cl</u> of the City-County Building, Madison, for more infor		
Date	Signature		
	Print Name		

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Range	M Address: 33°	1 D MOTH CO MANISON
ENTER AMENDMENT NUMBER		
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions



At this meeting are you representing an organization or a person other than yourself: Yes I 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, ad	dress and telephone number of each person or organization you are representing:		
Are you b	eing paid for your representation?		
	ppearing as part of your other paid duties for this person or organization? Yes No swered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to uestion.)		
	an elected official or employee who is appearing solely on behalf of your office or for your ity or other governmental body?		
	swered "yes" to the question, STOP . You need not complete the rest of this form, except that sign this form. If you answered "no" to the question, go on to the next question.)		
If you are advised to	being paid for your representation, or if your appearance is part of other paid duties, please be nat:		
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.		
 Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 			
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 to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 103 of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

Date: 110 200

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Karen Milstein		Lakeland Are#3
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No3	Support Oppose Neither Support Nor Oppose	 Wish to speak Do not wish to speak Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☒ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions



(If you	u answ	ng are you representing an organization or a person other than yourself: Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide who you represent and go on to the next question.)		
Name	e, addre	ess and telephone number of each person or organization you are representing:		
Are y	ou bein	g paid for your representation? ☐ Yes ☑ No		
(If you	ou appe u answe ext que	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
		elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
(If you you m	u answ nust sig	ered "yes" to the question, STOP . You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)		
If you advise	are be	ing paid for your representation, or if your appearance is part of other paid duties, please be		
	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.			
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?				
(Plea: at Ro	se go to om 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information.)		
Date	11/1	Signature Koren Milstein Print Name Karen Milstein		
		Print Name Kasen Milstein		

Date:	-	0	-	2009	7

PLEASE PRINT CLEARLY Name: RULY LOUN	∫ Address: ∭	34 SPATIGHT ST MSN 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No. 8	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

At this meeting are you representing an organization or a person other than yourself: Yes (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, addres	ss and telephone number of each person or organi	zation you are representing:		
Are you being	g paid for your representation?	☐ Yes ☐ No		
	earing as part of your other paid duties for this persered "no," STOP ; you need not complete the rest of stion)			
	elected official or employee who is appearing sor other governmental body?	olely on behalf of your office or for your ☐ Yes ☐ No		
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)				
If you are bei advised that:	ing paid for your representation, or if your appeara	ance is part of other paid duties, please be		
1	Before you engage in lobbying as a lobbyist, authorization with the City Clerk.	you or your principal must file an		
Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk				
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</u> of the City-County Building, Madison, for more info			
Date	Signature			
	Print Name	· · · · · · · · · · · · · · · · · · ·		

Date:	11-10-09	
Date.	(1, 1,0,0)	

PLEASE PRINT CLEARLY Name: Barbara Bolar	Address: 605	HURSON AVE SON, WI S3704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No. 3	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



(If you answe	g are you representing a red "no," STOP; you ned tho you represent and go	ed not comple	te the rest of this f	than yourself: 🔀 Yes orm If you answered "ye	☐ No es," provide
INVAL	Community Tell Washingt-Ave. Will 53703	laman		you are representing:	
Midison	Wi 53703	608-258	9644		
	paid for your representa			Yes 🗖	No
Are you appe (If you answe the next ques		er paid duties ed not comple	for this person or o te the rest of this fo	rganization? 🏻 Yes orm. If you answered "yes	☐ No s," go on to
	elected official or emplo r other governmental bo		appearing solely o	n behalf of your office <i>)</i> ☐ Yes	
(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)				except that	
If you are bei advised that:	ng paid for your represe	entation, or if y	our appearance is	part of other paid duties.	, please be
1.	Before you engage in authorization with the C		a lobbyist, you or	your principal must file	: an
2.	Your principal is not powith the City Clerk.	ermitted to au	thorize you to lobb	oy unless you are registe	ered
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 of the City-County Build			ndex.html or go to the Clans)	erk's Office
Datell_	0-09	Signature	Chefnes C/	Sh	
		Print Name	BALBORA	A. BULAN	

Date:	

PLEASE PRINT CLEARLY		
Name: Gretchen Low	∪ ℓ Address: ⊋o	5 Corestal L
	N	oakison 53714
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions



At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP ; you need not complete the rest of this form If you answered "yes," provide the name of who you represent and go on to the next question.)				
Name, address	and telephone number of each person or organizati	ion you are representing:		
Are you being p	paid for your representation?	☐ Yes ☐ No		
	ing as part of your other paid duties for this person of the complete the rest of the con.)			
	ected official or employee who is appearing solely other governmental body?	y on behalf of your office or for your		
(If you answere you must sign t	ed "yes" to the question, STOP . You need not combised form. If you answered "no" to the question, go or	nplete the rest of this form, except that not to the next question.)		
If you are being advised that:	paid for your representation, or if your appearance	e is part of other paid duties, please be		
	efore you engage in lobbying as a lobbyist, you uthorization with the City Clerk.	or your principal must file an		
	our principal is not permitted to authorize you to lith the City Clerk.	lobby unless you are registered		
re	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?			
	ne City Clerk's website <u>www.cityofmadison.com/cler</u> the City-County Building, Madison, for more inform			
Date	Signature			
	Print Name			

Date: 10 Nov Zoog

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Shahin	Address: 949	Spaight St. Apt. 2 Disou, WI 53703
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	·
Amendment No. 3	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	✓ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	 Wish to speak Do not wish to speak Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	 Wish to speak Do not wish to speak Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



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Name, addre	ess and telephone number of each person or organization you are representing:			
Are you bein	g paid for your representation?			
Are you appo (If you answithe next que	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to estion.)			
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?			
	vered "yes" to the question, STOP . You need not complete the rest of this form, except that an			
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(Please go t at Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office 3 of the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Visting Eugen	dide Address: 2910	Lakeland due
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
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Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
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Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

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Name, addres	ss and telephone number of each person or organization you are representing:		
Are you being	paid for your representation?		
	aring as part of your other paid duties for this person or organization? Yes No red "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to stion.)		
•	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that a this form. If you answered "no" to the question, go on to the next question.)		
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•	o the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office of the City-County Building, Madison, for more information.)		
Date	Signature Style Auclide		
,	Print Name Kvistine A- Euclide		

Date: _\	110	109	

PLEASE PRINT CLEARLY Name: Stephanie W	Address: 947	-Williamson St. #2 lison, WI
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	8 ONE BOX IN THIS COLUMN
Amendment No. 10	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



At this meeting are you representing an organization or a person other than yourself: Yes (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, a	Name, address and telephone number of each person or organization you are representing:				
	·				
Are you	being	g paid for your representation?			
Are you (If you a the next	answe	earing as part of your other paid duties for this person or organization? Yes A No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion)			
Are you municip	ı an d ality o	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?			
(If you a	answe st sigr	ered "yes" to the question, STOP . You need not complete the rest of this form, except that n this form. If you answered "no" to the question, go on to the next question.)			
lf you a advised	re bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be			
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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(Please at Roon	go to 1 103	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information)			
Date <u></u>	110	Signature Signature			
		Print Name Stephanic Mack			

Date://

PLEASE PRINT CLEARLY Name: Maxwell Low	Address:	W. Sohn con st. Madsson
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	
Amendment No3	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	✓ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No/	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



At this meeting are you representing an organization or a person other than yourself: Yes In 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, addres	ss and telephone number of each person or organization	you are representing:		
	· · · · · · · · · · · · · · · · · · ·			
Are you being	paid for your representation?	☐ Yes ☐ No		
	aring as part of your other paid duties for this person or overed "no," STOP; you need not complete the rest of this footion.)			
	elected official or employee who is appearing solely or other governmental body?	on behalf of your office or for your		
	ered "yes" to the question, STOP. You need not complent this form. If you answered "no" to the question, go on to			
If you are bei advised that:	ng paid for your representation, or if your appearance is	part of other paid duties, please be		
1.	Before you engage in lobbying as a lobbyist, you or authorization with the City Clerk	your principal must file an		
2	Your principal is not permitted to authorize you to lobb with the City Clerk.	by unless you are registered		
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/i</u> of the City-County Building, Madison, for more information			
Date	Signature			

Date: 11-10-09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: SUSAP	205 A Address: 34	27 Viburnum Dr adism 05
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☒ Do not wish to speak☐ Available to answer questions
Amendment No. 1 O	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
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Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answe	ng are you representing an organization or a person of ered "no," STOP; you need not complete the rest of t who you represent and go on to the next question.)			
Name, addre	Name, address and telephone number of each person or organization you are representing:			
Are you bein	g paid for your representation?	☐ Yes ☐ No		
	earing as part of your other paid duties for this person ered "no," STOP; you need not complete the rest of the stion.)			
•	elected official or employee who is appearing sole or other governmental body?	ely on behalf of your office or for your Yes No		
-	vered "yes" to the question, STOP You need not congreted this form. If you answered "no" to the question, go o	•		
If you are be advised that:	eing paid for your representation, or if your appearance:	ce is part of other paid duties, please be		
1.	Before you engage in lobbying as a lobbyist, you authorization with the City Clerk.	u or your principal must file an		
2:	Your principal is not permitted to authorize you to with the City Clerk.	lobby unless you are registered		
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/cle</u> 3 of the City-County Building, Madison, for more inforn			
Date	Signature			

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

012

PLEASE PRINT CLEARLY	Address: > ? i	G F RAUTAU)
Name: LUCIANO	Address	4 E BAYTON Dison 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	



(If you answe	ng are you representing an organization or a persor ered "no," STOP; you need not complete the rest o who you represent and go on to the next question.)	of this form If you answered "yes," provide	
Name, addre	ess and telephone number of each person or organi	zation you are representing:	
Are you bein	g paid for your representation?	☐ Yes ☐ No	
	earing as part of your other paid duties for this personered "no," STOP; you need not complete the rest of stion.)		
	elected official or employee who is appearing so or other governmental body?	olely on behalf of your office or for your	
•	ered "yes" to the question, STOP . You need not on the thing to the question, go		
If you are be advised that:	ing paid for your representation, or if your appeara	ance is part of other paid duties, please be	
1.	Before you engage in lobbying as a lobbyist, authorization with the City Clerk.	you or your principal must file an	
2.	 Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 		
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/</u> 3 of the City-County Building, Madison, for more info		
Date	Signature		
	Print Name		

Date: 1-18,09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name:	Vedder Address: 2	374 D. Dayfon
ENTER AMENDMENT NUMBER		
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



(If you answe	g are you representing an organization or a person other than yourself: Yes No red "no," STOP; you need not complete the rest of this form. If you answered "yes," provide who you represent and go on to the next question.)	
Name, addres	ss and telephone number of each person or organization you are representing:	
Are you being	paid for your representation?	
	aring as part of your other paid duties for this person or organization? Yes No red "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to tion.)	
	elected official or employee who is appearing solely on behalf of your office or for your office or your offic	
· -	ered "yes" to the question, STOP . You need not complete the rest of this form, except that a this form. If you answered "no" to the question, go on to the next question)	
If you are being advised that:	ng paid for your representation, or if your appearance is part of other paid duties, please be	
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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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 of the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY)			
Name: AHRISTAPHER WI	Name: AHRISTOPHER WALES Address: 218 N 300 ST. MADISON, WI 5 3 704			
()	MA	DISON, W153704		
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN			
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions		
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions		
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		



(If you answ	ing are you representing an o vered "no," STOP; you need it who you represent and go of	not complete the rest of th	her than yourself: Yes No No is form If you answered "yes," provide		
Name, addr	Name, address and telephone number of each person or organization you are representing:				
Are you bei	ng paid for your representatio	n?	☐ Yes ☐ No		
			or organization?		
	elected official or employed or other governmental body?		y on behalf of your office or for your ☐ Yes ☐ No		
	vered "yes" to the question, gn this form. If you answered		aplete the rest of this form, except that a to the next question.)		
If you are b advised tha		tion, or if your appearance	e is part of other paid duties, please be		
1	Before you engage in lob authorization with the City		or your principal must file an		
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
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>w</u> 3 of the City-County Building,		rk/index.html or go to the Clerk's Office ation.)		
Date	Sig	nature			
	Pri	nt Name			

Date: 11 10 09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Amber Molit	Address: 170	1 Dryden Prive dism, WI s3704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	•
Amendment No. <u>3</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



At this meeting are you representing an organization or a person other than yourself: Yes (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, addres	ss and telephone number of each person or organization you are representing:		
Are you being	paid for your representation?		
Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)			
Are you an o	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?		
(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question)			
If you are bei advised that:	ng paid for your representation, or if your appearance is part of other paid duties, please be		
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.		
If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)			
Date	Date 11/10/09 Signature amber Molitar Print Name Amber Molitar		
·	Print Name Amber Molitor		

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

Name: ELizabeth Bru	20 Address: 20 M	adism 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No. 10	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



(If you answ	ng are you representing an organization or a person other than yourself: Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide who you represent and go on to the next question.)	
Name, addre	ess and telephone number of each person or organization you are representing:	
Are you bein	g paid for your representation?	
	earing as part of your other paid duties for this person or organization? Yes No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion.)	
	elected official or employee who is appearing solely on behalf of your office or for your or other governmental body?	
	rered "yes" to the question, STOP. You need not complete the rest of this form, except that in this form. If you answered "no" to the question, go on to the next question.)	
If you are be advised that	eing paid for your representation, or if your appearance is part of other paid duties, please be	
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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 3 of the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: //// /0 /0 9

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name:	Address: 20 Mag	02 ElKa KN # 3 dison wt 53704
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	



(If you answe	ng are you representing an organization or a per ered "no," STOP; you need not complete the res who you represent and go on to the next questic	est of this form If you answered "yes," provide	
	ess and telephone number of each person or org	ganization you are representing:	
Are you being	g paid for your representation?	☐ Yes No	
	earing as part of your other paid duties for this pered "no," STOP ; you need not complete the rest		
Are you an municipality	elected official or employee who is appearing or other governmental body?	g solely on behalf of your office or for your ☐ Yes ☑ No	
	ered "yes" to the question, STOP . You need non this form. If you answered "no" to the question		
If you are be advised that:	ing paid for your representation, or if your appe	earance is part of other paid duties, please be	
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	o the City Clerk's website <u>www.cityofmadison.co</u> 3 of the City-County Building, Madison, for more		
Date //	1009 Signature	l Vi	
	Print Name	John Neis	

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: David Williams Address: 404 S. Park St Madison 537/5					
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMI				
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☒ Do not wish to speak☐ Available to answer questions			
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions			
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer guestions			



At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)					
Name, address and telephone number of each person or organization you are representing:					
Are you being	g paid for your representation?				
	earing as part of your other paid duties for this person or organization? \square Yes \square No ered "no," STOP ; you need not complete the rest of this form. If you answered "yes," go on to stion)				
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?					
	ered "yes" to the question, STOP . You need not complete the rest of this form, except than not this form. If you 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 of the City-County Building, Madison, for more information				
Date 1/10/09 Signature Signature					
	Print Name David L. Williams				

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

Name: Lucas Jain	Address: 2	Van Deusen St.
	May	Van Deusen St. Vison WI 53715
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



(If you answe	ng are you representing an organization ered "no," STOP; you need not complet who you represent and go on to the nex	n or a person other than yourself: \(\sum \) Yes \(\sum \) No te the rest of this form. If you answered "yes," provide at question.)	
Name, addre	ss and telephone number of each perso	on or organization you are representing:	
Tre	grent myself		
Are you being	g paid for your representation?	☐ Yes ∕☐ No	
Are you appe (If you answe the next ques	ered "no," STOP; you need not complet	for this person or organization? Yes X No te the rest of this form. If you answered "yes," go on to	
	elected official or employee who is a prother governmental body?	appearing solely on behalf of your office or for your Yes No	
	ered "yes" to the question, STOP. You n this form. If you answered "no" to the	u need not complete the rest of this form, except that question, go on to the next question.)	
If you are be advised that:		our appearance is part of other paid duties, please be	
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	o the City Clerk's website <u>www.cityofma</u> of the City-County Building, Madison, i	nadison.com/clerk/index.html or go to the Clerk's Office for more information.)	
Date/	$\frac{10/69}{}$ Signature	July 1-	
1	Print Name	Lucas Jain	

Date: 11 - 10 - 09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: JONNE Sury	Address: 170	6 VILAS AVENUE
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	10 150N, WI 53711
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you	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	lame, address and telephone number of each person or organization you are representing:				
Are y	ou being	paid for your representation?			
(If you		aring as part of your other paid duties for this person or organization? Yes No red "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to stion)			
	Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?				
		ered "yes" to the question, STOP. You need not complete the rest of this form, except that a this form. If you answered "no" to the question, go on to the next question.)			
	are bei ed that:	ng paid for your representation, or if your appearance is part of other paid duties, please be			
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(Plea: at Ro	se go to om 103	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office of the City-County Building, Madison, for more information)			
Date	_1[-	Signature Sury AWA Print Name Sury AWA			
		Print Name SUNNE SURYAWA			

Date: 11/10/09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

Name: Samontha Schmechel Address: 306 S. Park St. Madison WI 53715			
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM		
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer guestions	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answer questions	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions	



At this meeting are you representing an organization or a person other than yourself: Yes X 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, addres	ss and telephone num	ber of each perso	on or organization	you are representing:
				
Are you being	paid for your represe	ntation?		☐ Yes ☐ No
	red "no," STOP; you r			organization?
	elected official or emporental		appearing solely	on behalf of your office or for your
	ered "yes" to the ques on this form. If you answ			ete the rest of this form, except that o the next question.)
If you are bei advised that:	ng paid for your repre	sentation, or if y	our appearance i	s part of other paid duties, please be
1.	Before you engage authorization with the		a lobbyist, you c	r your principal must file an
2.	Your principal is not with the City Clerk	permitted to au	thorize you to lob	by unless you are registered
3.		year), the princ	ipal must file exp) for lobbying services in any ense statements with the City
	the City Clerk's webs of the City-County Bu			findex.html or go to the Clerk's Office fon.)
Date ///()/09	Signature 🗶	lamont	Schniechel
7 + 7 - 1.5	-,	Print Name	Samant	na Schmechel

Date: 10 Nov 09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

You must register before the Council considers your item. You will be allowed to speak for 5 minutes, regardless of the number of amendments you register to speak on.

PLEASE PRINT CLEARLY Name: Dave Carra	Address:	5 Styview Pl. #/(ad)SOL, WI 537/
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No [/] ⁰	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No//	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	

Town of Madison (Next to D14)

(If you	It 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,	addres	ess and telephone number of each person or organization you are representi	ng:		
Are you	ı being	ng paid for your representation?	□ No		
	answe	earing as part of your other paid duties for this person or organization? ered "no," STOP ; you need not complete the rest of this form. If you answerestion)			
		elected official or employee who is appearing solely on behalf of your or other governmental body?			
		vered "yes" to the question, STOP. You need not complete the rest of this gn this form. If you answered "no" to the question, go on to the next question.			
If you a		eing paid for your representation, or if your appearance is part of other paid	duties, please be		
	1.	Before you engage in lobbying as a lobbyist, you or your principal mauthorization with the City Clerk	ust file an		
	2.	Your principal is not permitted to authorize you to lobby unless you are with the City Clerk.	registered		
	3.	If your principal spends or will owe more than \$1,000 for lobbying serving period (half year), the principal must file expense statements will 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 3 of the City-County Building, Madison, for more information.)	the Clerk's Office		
Date _		Signature			
		Print Name			

Date:	11/10/09	
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CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Tony Zingible	Address: 32	17 Ridgeway Are APT B
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	N & ONE BOX IN THIS COLUMN
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment Noto	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answer questions

(If you answ	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, addre	lame, address and telephone number of each person or organization you are representing:				
Are you bein	ng paid for your representation?	☐ Yes ☐ No			
	pearing as part of your other paid duties for this person or vered "no," STOP ; you need not complete the rest of this estion.)				
	elected official or employee who is appearing solely or other governmental body?	on behalf of your office or for your ☐ Yes ☐ No			
	wered "yes" to the question, STOP. You need not compagn this form. If you answered "no" to the question, go on t				
If you are be advised that	eing paid for your representation, or if your appearance i t:	s part of other paid duties, please be			
1	Before you engage in lobbying as a lobbyist, you cauthorization with the City Clerk.	or your principal must file an			
2.	Your principal is not permitted to authorize you to lob with the City Clerk	oby unless you are registered			
3.	If your principal spends or will owe more than \$1,000 reporting period (half year), the principal must file exp Clerk for the remainder of the calendar year?				
	to the City Clerk's website <u>www.cityofmadison.com/clerk/</u> 3 of the City-County Building, Madison, for more informati				
Date	Signature				
	Print Name				

Date:	1-10-09	_

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Jacque Poko	rner Address: 40	% Labelle Lane 53716
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUM	N & ONE BOX IN THIS COLUMN
Amendment No. 3	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions

(If you a	answe	g are you representin red "no," STOP; you rho you represent and	need not comp	plete the res	t of this form		
Name, a	addres	s and telephone num	ber of each pe	erson or orga	nization you a	are representing:	
	Pi	Barresive. T	Jane.				
		agressive					
Are you	being	paid for your represe	entation?			☐ Yes	No
Are you (If you a the next	answe	red "no," STOP; you i	other paid dution need not comp	es for this pe plete the rest	rson or organi of this form.	zation?	No "yes," go on to
Are you municip	ı an e ality o	elected official or emr r other governmental	ployee who is body?	s appearing	solely on be	half of your offi ☐ Yes	ce or for your
		red "yes" to the ques this form. If you ansv					m, except that
lf you ai advised		ng paid for your repre	esentation, or i	if your appea	ırance is part	of other paid du	ties, please be
1	1.	Before you engage authorization with the	• •	is a lobbyist	, you or you	r principal must	file an
2	2.	Your principal is not with the City Clerk.	permitted to	authorize yo	u to lobby un	less you are re	gistered
3	3.	If your principal spereporting period (half Clerk for the remains	f year), the pri	incipal must			
		the City Clerk's webs of the City-County Bu				<u>html</u> or go to the	e Clerk's Office
Date _	1-10	0-09	Signature	Jarga	u poli	men _	
			Print Name	$\left(\right) = \left(\right)$	U Jac	que Polkor	ney
				V			/

Date: 11/10/2009	Date:	11/10/2009
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CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: 4501 KWATKOWS		3 E. WashingTon AUE,
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	SOM, WI 53704 N & ONE BOX IN THIS COLUMN
Amendment No. 3	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	
Amendment No.	Support Oppose Neither Support Nor Oppose	Wish to speakDo not wish to speakAvailable to answerquestions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	
Amendment No.	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)				
Name, address and telephone number of each person or organization you are representing:				
Are yo	u being	paid for your representation?	☐ Yes ☑ No	
(If you		red "no," STOP; you need not comple	es for this person or organization?	No on to
		elected official or employee who is or other governmental body?	s appearing solely on behalf of your office or for ☐ Yes ☒ No	r your
			ou need not complete the rest of this form, excented he question, go on to the next question.)	ot that
lf you advise		ng paid for your representation, or if	f your appearance is part of other paid duties, plea	se be
	1.	Before you engage in lobbying as authorization with the City Clerk.	s a lobbyist, you or your principal must file an	
	 Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk. 			
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.cityofr</u> of the City-County Building, Madison,	fmadison.com/clerk/index.html or go to the Clerk's n, for more information)	Office
Date _	11/10	Signature	gran Fores	<u> </u>
		Print Name	Jason Kwiatkowski	

Date: 10 0 9

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Greter Hansin	Address: 1717	N Stoughton Rd Son, WI 53204-2609
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	(
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No.	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answerquestions
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions

(If you answ	ing are you represent vered "no," STOP; yo who you represent a	u need not comp	olete the res	t of this form. If y	ourself: 💆 🔨 you answere	es
Name, addr	ess and telephone nu	mber of each pe	rson or orga	nization you are	representing	g:
Commu	inity Action	n Coalitia	on fr	S.C.Wis	In C	
17171) Stoughton	2 Rd	<u> </u>			
Mdsn	5370A-	2005	ϵ	946-473	.0	
Are you beir	ng paid for your repre	sentation?			Yes	☐ No
	earing as part of you vered "no," STOP; you estion.)					
Are you an municipality	elected official or e or other government	mployee who is al body?	appearing	solely on beha	lf of your of ☐ Yes	fice or for your
	vered "yes" to the qu gn this form. If you an					orm, except that
If you are be advised that	eing paid for your rep ::	resentation, or i	f your appea	rance is part of	other paid d	uties, please be
1.	Before you engag authorization with t		s a lobbyist	, you or your p	orincipal mus	st file an
2.	Your principal is n with the City Clerk.	ot permitted to a	authorize yo	u to lobby unles	ss you are r	egistered
3	If your principal sp reporting period (h Clerk for the remai	alf year), the pri	ncipal must	-		•
	to the City Clerk's we 3 of the City-County E				<u>nl</u> or go to th	ne Clerk's Office
Date	(10/09	Signature	Ru	factory C. Hans	Dlr	
		Print Name	Greta	C. Hans	m	

Date: 11/10/2004

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

PLEASE PRINT CLEARLY Name: Jereny u. wille	Address: μοίξ	3 NOTA SLEEMEN AVE
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	I & ONE BOX IN THIS COLUMN
Amendment No. Ove	✓ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☑ Do not wish to speak☐ Available to answer questions
Amendment No. 4WO	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
Amendment No. Three	Support Oppose Neither Support Nor Oppose	 Wish to speak Do not wish to speak Available to answer questions
Amendment No. Four	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☒ Do not wish to speak☐ Available to answer questions
Amendment No. Five	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions
Amendment No. <u>Six</u>	☐ Support ☑ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☒ Do not wish to speak☐ Available to answer questions
Amendment No. Seven	☐ Support☑ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions



At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP ; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)					
Name, addres	Name, address and telephone number of each person or organization you are representing:				
Are you being	paid for your representation?	☐ Yes ☐ No			
Are you appe (If you answe the next ques	earing as part of your other paid duties for this person or eared "no," STOP; you need not complete the rest of this estion)	organization?			
•	elected official or employee who is appearing solely or other governmental body?	on behalf of your office or for your ☐ Yes ☐ No			
(If you answered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)					
If you are bei advised that:	ing paid for your representation, or if your appearance is	s part of other paid duties, please be			
1	Before you engage in lobbying as a lobbyist, you of authorization with the City Clerk	or your principal must file an			
2.	2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
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/</u> of the City-County Building, Madison, for more informati				
Date	Signature				

Date: 11/10/09

CITY OF MADISON Registration Statement - Common Council 2010 OPERATING BUDGET

Name: TO MCS KOZLOUSKY Address: 1/39 Pace (1 Me Ace) Madison				
		ad (son		
ENTER AMENDMENT NUMBER	CHECK ONE BOX IN THIS COLUMN	& ONE BOX IN THIS COLUMN		
Amendment No	Support Oppose Neither Support Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions		
Amendment No/ <u>/</u> <u>/</u>	Support Oppose Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No <i>(/</i>	Support Oppose Neither Support Nor Oppose	☐. Wish to speak☐. Do not wish to speak☐. Available to answer questions		
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No.	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No	☐ Support☐ Oppose☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		
Amendment No	☐ Support ☐ Oppose ☐ Neither Support Nor Oppose	☐ Wish to speak☐ Do not wish to speak☐ Available to answer questions		

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Name, address and telephone number of each person or organization you are representing:				
esentation?	☐ Yes ☐ No			
	rson or organization? Yes No of this form If you answered "yes," go on to			
	solely on behalf of your office or for your Yes No			
	t complete the rest of this form, except that go on to the next question.)			
presentation, or if your appea	rance is part of other paid duties, please be			
	, you or your principal must file an			
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
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ebsite <u>www.cityofmadison.co.</u> Building, Madison, for more ii	m/clerk/index.html or go to the Clerk's Office office of the clerk's Office of the clerk			
Signature				
Print Name				
	esentation? ur other paid duties for this perou need not complete the restruction and go on to the next question are of each person or organized and go on to the person or organized and the person of the restruction and the person of the question are person or if your appears of the City Clerk and person of the calendar year? The basite www.cityofmadison.com Building, Madison, for more in Signature			