Date: 1-5-40	
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# **CITY OF MADISON**

# Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE PF	RINT NAME CLEA	ARLY	
Agenda No΄Φ [	16786	Address 47	ark Gauf 02 S. B.Hm adison, wo		
Please check the app	propriate box:		Please check the	e appropriat	te box:
Support Oppose Neither Su	apport Nor Oppose	AND	Wish to spea Do not wish Available to	k to speak answer quest	tions
(If you answered "no of who you represent	ou representing an organizate," STOP; you need not come and go on to the next questivelephone number of each per-	iplete the rest of t ion.)	his form If you answ	vered "yes," ]	☑ No provide the name
Are you being paid fo	or your representation?			☐ Yes	⊠No
Are you appearing as (If you answered "no question.)	s part of your other paid duti o, " STOP; you need not con	es for this person uplete the rest of	or organization? this form. If you ans	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Commor Information Hearing	3 m			

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date <u>\-</u> <b>5</b> -	-10 Signature Mark Gauf

Date:			

## **CITY OF MADISON**

# Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE	PRINT NAM	E CLEARLY	
Agenda No.	/	Name Address	Gene Dane	Koniche 4702 S Madison	Biltmore wt 53
Please check the app	Please check the appropriate box:  Please check the appropriate box:				
Support Oppose Neither Su	pport Nor Oppos	AND	☑ Do	sh to speak not wish to speak ailable to answer ques	tions
At this meeting are yo (If you answered "no, of who you represent a Name, address and tel	" <b>STOP;</b> you need no and go on to the next o	t complete the rest question.)	of this form. If	you answered "yes,"	No provide the name
Are you being paid for	r your representation?			Yes	X No
Are you appearing as j (If you answered "no, question)					No go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing				

(SEE BACK)

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or

Yes

		ed "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date _	1-5	Signature Jui Hemilal
		Print Name Coene Konichek

other governmental body?

Date: 1/5/10

### **CITY OF MADISON**

Registration Statement - Common Council

Please Print	
	PLEASE PRINT CLEARLY
	Name JUDY ACOFSKY
Agenda No. 📿 📗	Address RID WPINCKNEY ST
	MANSION HILL
Please check the appropriate boxes:	
riease check the appropriate boxes.	
Support Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organizat	
of who you represent and go on to the next questi	nplete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next questi	
Name, address and telephone number of each per	rson or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid dutie	
	ies for this person or organization? Yes No
(If you answered "no," STOP; you need not com	F
	ies for this person or organization?  Yes No mplete the rest of this form. If you answered "yes," go on to the next
(If you answered "no," STOP; you need not conquestion)  Speaking Limits: Public Hearing (Common	mplete the rest of this form. If you answered "yes," go on to the next in Council)5 minutes
(If you answered "no," <b>STOP</b> ; you need not con question)	mplete the rest of this form. If you answered "yes," go on to the next  n Council) 5 minutes 3 minutes

	The first of the first of the REGISTRATION STATEMENT - FACE 2. The first of the fir
	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	1/5/10 Signature Redd/C
	Print Name JUDY KAROFSKY

Date: 1/5/09

Registration Statement	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	o entre di dividita di mangalità di 🖊 di santana
	Name WAYNE GLOWAC
Agenda No.	Address 4472 (elestial (~ (ross Plains W1 53528
	(mes Plans 1-1) 57578
Please check the appropriate boxes:	
	and Wish to speak
Support	Do not wish to speak
Oppose Neither Support Nor Oppose	Available to answer questions
Meither Support Not Oppose	医骶囊乳腺 医氯甲酚磺胺基甲甲酰基酚 计量字字 医基层
At this meeting are you representing an organic	ization or a person other than yourself: XYes No
(If you answered "no," STOP; you need not co	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next que	estion)
Name, address and telephone number of each p	nerson or organization you are representing:
6184W Made	1500 VIG 1015 T
Con	vention Bureau
Are you being paid for your representation?	☐ Yes ŹÑo
Are you appearing as part of your other paid d	
(If you answered "no," <b>SIOP</b> ; you need not c question)	complete the rest of this form. If you answered "yes," go on to the next
question.)	
	non Council) 5 minutes
	minutes
Other Items	3 minutes

Are you an ele other governme	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?    Yes   No
1 3 3	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question)
If you are beir that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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3,	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
, .	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date	Signature
	Print Name

	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name  Address  PLEASE PRINT CLEARLY  B B B L T D UNN  Address  5 / 5 / A WELL D T.
Agenda No	Address 5/3 Farwell Pr.
Please check the appropriate boxes:	
XI Support	and Wish to speak
Support Oppose	☐ Do not wish to speak
Neither Support Nor Oppos	Available to answer questions
of who you represent and go on to the next of	ch person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question.)	d duties for this person or organization? Yes No No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes

Are you an elected official or employee who is appearing solely on behalf of your cother governmental body?	Yes No
(If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of thi this form If you answered "no" to the question, go on to the next question.)	is form, except that you must sign
If you are being paid for your representation, or if your appearance is part of other that:	er paid duties, please be advised
1 Before you engage in lobbying as a lobbyist, you or your principal twith the City Clerk.	must file an authorization
2. Your principal is not permitted to authorize you to lobby unless you city Clerk.	ou are registered with the
3. If your principal spends or will owe more than \$1,000 for lobbying period (half year), the principal must file expense statements wit remainder of the calendar year?	services in any reporting h the City Clerk for the
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> Room 103 of the City-County Building, Madison, for more information.)	or go to the Clerk's Office at
Date 1 - 5 - 10 Signature	nt D Ks
Print Name BUT P	nan

		Date:
	CITY OF MADISO	
Registration Statement -	Common Cour	ncil
	COMMITTEE	
Please Print	PLEASE PRINT	T CLEARLY
	Name	
Agenda No.	Address	Scott Vaughn 625 N. Segoe Rd #701
		Madison, WI 53705
Please check the appropriate boxes:		
Support Oppose	and	☐ Wish to speak ☐ Do not wish to speak ☐ Applied to appayor questions
Neither Support Nor Oppos	e	Available to answer questions
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next quality Name, address and telephone number of each	t complete the rest of th question)	is form. If you answered "yes," provide the name
BUIL IG AND CONSTE	RUCTION	
GRADES COUNCIL SOUTH CENTRAL WIS	•	
1602 S. Park St. Roor Madison, WI 537	m 204	
Are you being paid for your representation?		☐ Yes ☐ No
	I duties for this person of the complete the rest of the	or organization? Yes No No his form. If you answered "yes," go on to the nex
question)		
Information Hearing	nmon Council) 5 mi 3 mi 3 mi	nutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?
If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question)
f you are being paid for your representation, or if your appearance is part of other paid duties, please be advised nat:
1. Before your engage of the year 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 <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Signature  Print Name  Scott Vaughu
rum name

	1-1	N	
Date:	1/5/10		<u>:</u>

Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Mark D. Haffmann
Agenda No.	Address 1602 S. Park St
	Malion, WI 537/5
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que	complete the rest of this form. If you answered "yes," provide the name
	n person or organization you are representing:
International Brotherhood of E	
1602 S. Park St	
Malison, WI 53715	
Are you being paid for your representation?	☐ Yes ☑ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No complete the rest of this form If you answered "yes," go on to the next
	mon Council)5 minutes
	3 minutes

Are you an elected official or employee who is appearing solely on behalf of yother governmental body?	your office or for your municipality or  Yes INO
(If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest this form. If you answered "no" to the question, go on to the next question)	of this form, except that you must sign
If you are being paid for your representation, or if your appearance is part o that:	of other paid duties, please be advised
1 Before you engage in lobbying as a lobbyist, you or your princ with the City Clerk.	cipal must file an authorization
2. Your principal is not permitted to authorize you to lobby unle City Clerk.	ess you are registered with the
3. If your principal spends or will owe more than \$1,000 for lobb period (half year), the principal must file expense statement remainder of the calendar year?	
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.</u> Room 103 of the City-County Building, Madison, for more information.)	
Date 1/5/10 Signature Make Make Arthur	

	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name JOE JAZDZEWSK,  Address ISII IVOIZY Dr  SUM PRAIRICE WI 53590
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	
CLAZIERS & GLAS	rudiques Local 941
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	mon Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

Are you an elected officia	il or employee	who is appearing	g solely on behalf	of your offic	e or for	your municipality or
other governmental body?					Y	es 🗌 No
					J	British (III) bayaa in bay

(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:

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Date 1-5-40

Signature

Print Name

Date: 1/5/10

Registration Statement	Common Council
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Please Print	PLEASE PRINT CLEARLY
	PLEASE PRINT CLEARLY
	Name NZ/ NZ
Agenda No.	Address 2025 Atwood AV
	Name WICK Henke Address 2025 Atwood Are Madison WI
Places should the appropriate hovers	
Please check the appropriate boxes:	고를 된다. 나는 얼마 가게 하는데 이모는 말을 받는데?
Support	and Wish to speak  Do not wish to speak
Oppose	Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ	nization or a person other than yourself: Yes No
(If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name uestion.)
Name, address and telephone number of each	person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid	duties for this person or organization? Yes No
(If you answered "no," <b>STOP</b> ; you need not question.)	complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	mon Council)5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

. •	n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or municipality or Yes No
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question)
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	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature DS MIII  Print Name Nichola Hen Ka
· 4	Print Name Nichola Henle

	Date:
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name JAMES MeichER
Agenda No.	Address 2025 ATWOOD AVE
	Address 2025 ATWOOD AVE MADISON, WISC
Please check the appropriate boxes:	
Support     Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	) 그 그 것 같은
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
	TVos TVo
Are you being paid for your representation?	∐ Yes → No
	duties for this person or organization?   Yes No complete the rest of this form. If you answered "yes," golon to the next
question)	
· ·	mon Council) 5 minutes
	3 minutes 3 minutes

	하다~는 우리 이 네트로 보는 아무슨 바라로 가만들어 보고 이 보고 하고 있다. 보고 보고 있다며 한 국모와 시트라이트 모든 다른
	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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Date	Print Name / FTAMPS MPICHER

Date: JAN 5,2010

Registration Statement	Common Coun	ıcil		
	COMMITTEE			
Please Print	PLEASE PRINT	CLEARLY		
	Name D	AN 1501	-Ke	
Agenda No. 6	Address 20	125 Atua 12015 125 Atua	Bes	Ave
	<u>M</u>	lAdison u	NI "	53704
Please check the appropriate boxes:				
Support Oppose	and	<ul><li>☐ Wish to speak</li><li>☐ Do not wish to</li><li>☐ Available to an</li></ul>		ons
Neither Support Nor Oppose				
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que.  Name, address and telephone number of each	complete the rest of the estion)	is form. If you answer		∐ No provide the name
		·		
Are you being paid for your representation?			☐ Yes	D No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	luties for this person o complete the rest of th	t organization? is form If you answe	☐ Yes red "yes," {	No go on to the next
	non Council) 5 mir 3 mir 3 mir	nutes		

-		elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
		ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you that:	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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•	-	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date _	LAN	15,200 Signature Dan Bala
		Print Name DAN BUFKE

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Date:	1-5/10	٠.	Ċ,	1.		Š
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Registration Statement	Common Council COMMITTEE
Please Print	. 클로그램 프로그램 (1985년 1982년 - 1985년 - 1984년 1987년 - 1985년 - 1982년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 - 1987년 
	PLEASE PRINT CLEARLY
	Name TERRY NELSON  Address 2025 ATWOOD AVE  MADISON, WIS
Agenda No. 6/	Address 2025 Arword Ave
	MADISON, WIS
Please check the appropriate boxes:	실하는 하는 말 경험에 가장하는 하는 것이라면 생각하는 것은 것을 하는 것이라고 있는 것이다. 참 하는 것이 되었다. 그는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다. 그는 것이 없는 것이 없는 것이 없는 것이다. 그런 것이 없는 것이다. 그런 것이다. 그런 것이 없는 것이 하는 것이 많은 것이 없는 것이 없는 것이 있다. 그런 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다. 것이 없는 것이 없는 것이 없는 것이다. 것이 없는 것이 없는 것이 없는 것이 없는 것이다. 것이 없는 것이 없는 것이 없는 것이다. 것이 없는 것이다. 것이 없는 것이다. 것이 없는 것이다. 것이 없는 것이다. 것이 없는 것이다. 것이다. 것이다. 것이다. 것이다. 것이다. 것이다. 것이다.
Support Oppose Neither Support Nor Oppose	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	t complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ✓ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization?
Information Hearing	nmon Council)5 minutes 3 minutes 3 minutes

	elected official or employ mental body?	ee who is appear	ring solely on	behalf of yo		or your municipality or Yes No
	ered "yes" to the question you answered "no" to the				f this form, ex	cept that you must sign
If you are be that:	eing paid for your repres	entation, or if ye	our appearanc	ce is part of	other paid du	ties, please be advised
1,	Before you engage in with the City Clerk.	lobbying as a lol	bbyist, you or	your princip	oal must file a	n authorization
2.	Your principal is not City Clerk	permitted to autl	horize you to	lobby unless	s you are regi	stered with the
3.	If your principal spend period (half year), the remainder of the calen	e principal must		-	_ , ,	
. –	to the City Clerk's web the City-County Building	z, Madison, for n	nore informat	ion)		the Clerk's Office at
Date <u>/-5</u>	7-2010	Signature	100	noh		
		Signature Print Name	TERRY	NBL	SON	

Date: 1/5/10

Registration Statement -	Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name PAUL ZIMMER
Agenda No.	Name PAUL ZIMMER Address 2025 ATWOOD AVE
Please check the appropriate boxes:	
<b>⊠</b> Support	and Wish to speak
Oppose	Do not wish to speak  Available to answer questions
Neither Support Nor Oppose	e Avantania de la Avantania de
At this meeting are you representing an orga (If you answered "no." <b>STOP:</b> you need not	nization or a person other than yourself: Yes No to complete the rest of this form If you answered "yes," provide the name
of who you represent and go on to the next q	
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes    No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization?   Yes No t complete the rest of this form If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	710 Signature PAUL ZIMMER Print Name PAUL ZIMMER

	in la la companya de
	CITY OF MADISON
Registration Statement -	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name ( )/ / / Oyer
Agenda No.	Address 12025 - 144 Wood 1440
Please check the appropriate boxes:	
7	and Wish to speak
<ul><li>✓ Support</li><li>✓ Oppose</li></ul>	Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at fine City-County Building, Madison, for more information.)  Signature
<del></del>	Print Name Gorey McGovern

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	<u> </u>			 		_	
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Registration Statement	Common Council COMMITTEE	
Please Print	PLEASE PRINT CLEARLY	
	Name SARAY CARRENTER	
Agenda No	Address 1023 RIVER BIRCH ROAD	<del>.</del>
	MUDICION WE 53562	<del></del>
Please check the appropriate boxes:		
<u>고,</u> 그림 등학원 뒤로리트를 받았다.		
Support	and Wish to speak  Do not wish to speak	
<ul><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	Available to answer questions	: ·
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	t complete the rest of this form If you answered "yes," provide the nan	пе
Name, address and telephone number of each	h person or organization you are representing:	÷.
		_
Are you being paid for your representation?	Yes □ No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the ne	xt
	nmon Council)5 minutes 3 minutes 3 minutes	

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or large year. In the second second with the second seco
	swered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date /	15/10 Signature Stephents  Print Name Child I CAMPENTER
	Print Name SARAY CAUSENTER

Date: 1/5/2010

Registra	tion Statement	Common Council COMMITTEE
Please Print		
		PLEASE PRINT CLEARLY
		Name HOBERTA. DUNN
Agenda No		Address 1003 KETTLE CT
Please check the app	propriate boxes:	
Support		and Dwish to speak
Oppose		Do not wish to speak
	upport Nor Oppose	e Available to answer questions
	et and go on to the next questions and go on to the next questions.	h person or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
		duties for this person or organization?  Yes No to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com	nmon Council) 5 minutes
		3 minutes 3 minutes
		计可引用 大海 化氯化二氯 医二氯甲基甲基氯化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date /	105/2010 Signature Sobert a. Duran

Print Name ROBERT A. DUNN

	CITY OF MADISON
Registration Statement -	Common Council
사는 하고 있어요. 하는 이 전 생각이 한다는 생각으로 되었다. 사는 기가는 기가 하는 것 하는 것이 되고 하고 있다는 것은	
Please Print	PLEASE PRINT CLEARLY
	CAE BAUCIAR
	Name SOE BOUCIACK Address 63/8LANOFALL DR
Agenda No	Address 67/8 LAW OFACE WILL
	MADISON
Please check the appropriate boxes:	
	는 이 기계 가는 것이 되었다. 그는 그리고 있다면 보고 있는 것은 사람들이 되었다. 그런 사람들이 되었다. 그런
Support	and ☐ Wish to speak ✓ Do not wish to speak
<ul><li>☐ Oppose</li><li>☐ Neither Support Nor Oppos</li></ul>	Available to answer questions
	도속으로 교회으로는 교육 전기 등 교회는 보고 <u>는</u> 등로 <u>한다.</u> 기가 먹고 있는
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next of	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	ch person or organization you are representing:
	수 가는 보이는 사람들은 원리를 하는 것 같아.
Are you being paid for your representation?	Yes 🔀 No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question.)	d duties for this person or organization?   Yes XNo  ot complete the rest of this form. If you answered "yes," go on to the next
	mmon Council)5 minutes
	g

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

	Date:
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Joel Kapusta
Agenda No. <u>61</u>	Name Joel Kapusta  Address 219 Division ST.  Madison LIZ
	Madison LIE
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name testion)
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization?   Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No	
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)	
If you are t that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised	
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information)	
Date	Signature	
	The state of the s	

Date: 15/10

Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Tarah Hokr
Agenda No	Address 500 Nilla Ln
	Fort-Alkinson, W
Please check the appropriate boxes:	
<b>∑</b> Support	and ☐ Wish to speak ☐ Do not wish to speak
Oppose  Noither Support Nor Oppos	Available to answer questions
Neither Support Nor Oppos	
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question)	I duties for this person or organization?   Yes VNo  to complete the rest of this form. If you answered "yes," go on to the next
	nmon Council)5 minutes
Information Hearing	3 minutes
Other Items	minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	5/10 Signature Med 10
· ·	Print Name Tarah Hotor

	Date: 1/5/10
	Date: 1/ 5 / 10
CITY OF MA	DISON
Common C	Council
COMMITTEE	
PLEASE	PRINT CLEARLY
Name	Vason Thompson
Address	500 N.KK. LA. Fort Atkins WI 53538
	Fort Athling WI 53538
	가고하고 하다 이름을 받을 것들으로 불발하는다.
	and Wish to speak  Do not wish to speak
	Available to answer questions
	on other than yourself: Yes No
zanon or a pers	on other than yourself: Yes No t of this form. If you answered "yes," provide the name
stion)	
person or organ	ization you are representing:

Registration Statement -Common Co

Please Print PLEASE P Name Agenda No. Address Please check the appropriate boxes: **Support** Oppose **Neither Support Nor Oppose** At this meeting are you representing an organization or a persor (If you answered "no," STOP; you need not complete the rest of of who you represent and go on to the next question) Name, address and telephone number of each person or organization Yes Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Public Hearing (Common Council).......5 minutes Speaking Limits: 

Other Items.....3 minutes

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
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_	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date 1/5	/10 Signature June Prince
	Print Name Jasus Compsus

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Date:	1/5/10	- 1	À.	1	144

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. (a) Edgewater	Name Tam Peters  Address 329 W Daty St  Medican W1 53703
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next que Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name uestion)
Morterson Construction  10 E. Dety St.  Madison, NI 53703	My Wark phone: (262) 792-2960
Are you being paid for your representation?	☐ Yes ☑ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

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

Date: 5 5An 2010

Registration Statement	Common Council COMMITTEE	
Please Print	PLEASE PRINT CLEARLY	
	Name ROBBET PEDBEICK	
Agenda No.	Address 5994 SCHROBOER RO # B	
	maoison 53711	*
Please check the appropriate boxes:		
Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions	
(If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q		me
	ch person or organization you are representing:	
PAWTERS LOG	CAL 802	
		<del></del>
Are you being paid for your representation?	·	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	d duties for this person or organization?  Yes  No ot complete the rest of this form. If you answered "yes," go on to the r	nex
Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes	

	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	1	- 5	-	10	
Date.					

Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
	Name Kent Zenetski
Agenda No.	Address 107 Paith da
	Name Kent Zenefski Address 107 Fa. HA da Columsus WI 53925
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	<ul><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Neither Support Nor Oppose	Available to answer duestions
(If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	nization or a person other than yourself:  Yes No complete the rest of this form. If you answered "yes," provide the name uestion)  n person or organization you are representing:
Are you being paid for your representation?	☐ Yes     Yes
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization?   Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	-5-10 Signature Ext Sulvi
	Print Name Kent 1. Zanafiki

	Date: $\frac{1-3-70}{0}$	
	CITY OF MADISON	
Registration Statement	Common Council	
	СОММІТТЕЕ	
Please Print	PLEASE PRINT CLEARLY	
	Name TODD CARCSON	
Agenda No.	Address 5007 N. Artuna lane	
	Address 5002 N. Artimalane McFarland US7558	
Please check the appropriate boxes:		
Support FAVER OF EDGE Oppose Neither Support Nor Oppose	Available to answer questions	
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the	name
Name, address and telephone number of each	h person or organization you are representing:	
1UPAT LOCAC#802 P	AINTERSONION	
70171 20072		<del></del> .
Are you being paid for your representation?	☐ Yes ☐ No	:
Are you appearing as part of your other paid (If you answered "no," STOP; you need not	I duties for this person or organization?  Yes No to the complete the rest of this form. If you answered "yes," go on to the	e next
question)	나는 그 그 지원 때는 것 같아 같은 것은 인생이라는 것	
1 5	nmon Council) 5 minutes 3 minutes	

Other Items ..... 3 minutes

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

Date: 01/05/16

Registration Statement		ouncil
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Please Print		PRINT CLEARLY
	Name	Jonathan E. Cobb 3370 E. Washington MAdison WI \$53704
Agenda No.	Address	3370 E. Washington
		MAdison W1 \$53704
Please check the appropriate boxes:		
<ul> <li>✓ Support</li> <li>☐ Oppose</li> <li>☐ Neither Support Nor Oppose</li> </ul>		and ☐ Wish to speak ☑ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest	on other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and telephone number of each		zation you are representing:
LUPAT Lucal 807	and the second s	er's Union
Are you being paid for your representation?		☐ Yes   ☐No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question.)	-	son or organization?
Speaking Limits: Public Hearing (Com- Information Hearing Other Items	***************************************	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date 01	los lo Signature ( , SCX)
	Print Name J. E. Cobb

	Date: 1/5/10
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print  Agenda No. 6:1	PLEASE PRINT CLEARLY  Name Hilton Brothwell  Address 201 N. Dickinson St  Madison, wi 53703
Please check the appropriate boxes:	Madison, Wi 53703
<ul> <li>✓ Support</li> <li>☐ Oppose</li> <li>☐ Neither Support Nor Oppose</li> </ul>	and Wish to speak  Do not wish to speak  Available to answer questions  e
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:  SO2
sun Prairie, We	
Are you being paid for your representation?	☐ Yes 🔀 No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question)	duties for this person or organization?   Yes No t complete the rest of this form If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

· . · · · ·	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information)
Date	Signature Signature
	Print Name

Date: 1/5/10	
N Date: 1/5/10	
cil	
CLEARLY	
yan Chambeclain 717 Sheridan St.	
717 Sheridan St. Madison Wis. 53704	
<ul> <li>☐ Wish to speak</li> <li>☑ Do not wish to speak</li> <li>☐ Available to answer questions</li> </ul>	
or than yourself: Yes No No form. If you answered "yes," provide the name	
you are representing:	
15 g 1571 Ivary Dr. Syn Prairie	Wis,
08) 834-1690	

Registration Statement	Common Council COMMITTEE
<u>Please Print</u>	PLEASE PRINT CLEARLY
	Name Boyan Chambeclain  Address 1717 Sheridan St.
Agenda No. Del	Address 1717 Sheridan St.
	Madison Wis. 53704
Please check the appropriate boxes:	
<b>⊠</b> Support	and Wish to speak
Oppose	<ul><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
☐ Neither Support Nor Oppose	
	nization or a person other than yourself: \(\simeg \) Yes \(\subseteq\) No complete the rest of this form. If you answered "yes," provide the name uestion.)
Name, address and telephone number of each	person or organization you are representing:
Local 802 Painter	of + Allied Trades , 1571 Ivary Dr. Sun Prairie W.
	(608) 834-1690
Are you being paid for your representation?	☐ Yes    No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council)5 minutes
	3 minutes 3 minutes
Othor Invited managements	Bostaalerangugunguenangus IIIIIIIIVO

<ul> <li>(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.)</li> <li>If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that: <ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.</li> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> <li>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?</li> </ol> </li> <li>(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)</li> </ul>		n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or learnmental body?  Yes No
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 <a href="www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Date Signature		
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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 <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Date  Signature	1.	그 보는 그는 그는 그를 하는 것 같다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
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Room 103 of the City-County Building, Madison, for more information.)  Date Signature	3.	period (half year), the principal must file expense statements with the City Clerk for the
Print Name	Date	Signature
		Print Name

	Date: $1-5-10$
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Lon Shelfon
Agenda No.	Name Lon Shelfon Address 1625. Biltume Weed
Please check the appropriate boxes:	
r tease eneek the appropriate boxes.	
Support	and Wish to speak
<ul><li>☑ Oppose</li><li>☑ Neither Support Nor Oppose</li></ul>	Do not wish to speak Available to answer questions
A STATE OF SUPPORT TO SPECIAL STATE OF	친구 나는 내가 있는데 얼마나 나는 가는 하는 것이 없는데 없었다.
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation?	☐ Yes ►No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question)	I duties for this person or organization?   Yes No t complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	nmon Council) 5 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are t that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	to the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)  Signature
Date	Print Name

	Date: //s/10
	CITY OF MADISON
Registration Statement	Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Ryan Oehlhot  Address 4702 5. Bilthrore Ln  Madison, WI 53718
	Madison, WI 53718
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
Are you being paid for your representation?	☐ Yes 🖾 No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization?   Yes No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing	mon Council) 5 minutes 3 minutes

3 minutes

Other Items....

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  Yes No
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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Room 103 of i	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature Signature
	Print Name

Date: 15/10

Registration Statement -	COMMITTEE	
Please Print		
	PLEASE PRINT CLEARLY	
	Name Janne to	culknet.
Agenda No.	Address 205 Dy	L Mar Drive
	Madisor	1, 1195 53704
Please check the appropriate boxes:		
Support	and ☐ Wish to sp ☐ Do not wis	
Oppose	Available	to answer questions
Neither Support Nor Oppos		
At this meeting are you representing an orga	nization or a person other than yourself:	☐ Yes    No
(If you answered "no," STOP; you need not	t complete the rest of this form. If you an	swered "yes," provide the name
of who you represent and go on to the next q	uestion)	
Name, address and telephone number of each	h person or organization you are represer	nting:
Are you being paid for your representation?		☐ Yes ☐ No
The you doing paid for your representations		
Are you appearing as part of your other paid		☐ Yes ☐ No
(If you answered "no," <b>STOP</b> ; you need no	t complete the rest of this form. If you an	iswered "yes," go on to the next
question)		
	nmon Council)5 minutes	
	3 minutes	
Other Items,	3 minutes	

		lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you that:	are be	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Pleas Room	se go t 103 of	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date		Signature
		Print Name
	7.4	

Date: //=	5/10		
an balan <del>Talika at</del>	7	 1	<u> </u>

Registration	on Statement	Common C	ouncil			
Please Print			PRINT CLE	ARLY		
					ilknen	
Agenda No. Ce (		Address	205	Del	Mar	Drive
Please check the appro	priate boxes:					
Support Oppose Neither Sur	port Nor Oppose		and 🗍	Wish to sp Do not wis Available t		estions
(If you answered "no," of who you represent a	representing an organi 'STOP; you need not cond go on to the next que sphone number of each	complete the rest estion)	of this forn	n If you ans	swered "yes,"	No provide the name
			· · · · · · · · · · · · · · · · · · ·			
Are you being paid for	your representation?				☐ Yes	□ No
	eart of your other paid d "STOP; you need not o				☐ Yes swered "yes,	☐ No " go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items					

Are you an ellother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  \[ \sum \text{Yes} \sum \text{No} \]
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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<b>3.</b>	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: /-5-00

## **CITY OF MADISON**

Registration Statement - Common Council

	MMNI I EE AND
Please Print	
	PLEASE PRINT CLEARLY
	Name /m DMINTER
Agenda No.	Address 1602 5 RAYL 5+
	MOISON WI 53715
	도로 한 발표 보고 있는 것이 되었다. 한 것이 말하는 것으로 그 것으로 한 것이 되었다. 
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organiza	tion or a person other than yourself: Yes No polete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next quest	ion)
Name, address and telephone number of each pe	rson or organization you are representing:
	☐ Yes ☐ No
Are you being paid for your representation?	∐ Yes ☐ No
Are you appearing as part of your other paid dut	ies for this person or organization?  Yes No
(If you answered "no," STOP; you need not conquestion)	mplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Commo	n Council) 5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

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

	Date: 5-10
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Jim Vick
Agenda No	Address 1602 S. Park St.
	Madison WI 53715
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
	Craftworkers 1602 S Park St
Malican WI 53715	
Are you being paid for your representation?	∐ Yes LXNo
Are you appearing as part of your other paid (If you answered "no," STOP; you need not	duties for this person or organization?   Yes No complete the rest of this form If you answered "yes," go on to the next
question)	
_ 1	mon Council) 5 minutes 3 minutes

Other Items 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or I Yes I No
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign f you answered "no" to the question, go on to the next question)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature Signature
	Print Name

	tied die bestellt der Bertale
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Speve BRETZOW Address
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next of	t complete the rest of this form If you answered "yes," provide the name
	ch person or organization you are representing:
1602 S PARKST	TON TRADES COUNCIL OR SOUTH CENTRAL WIR
MADISON	
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next

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

Other Items.....3 minutes

question)

Speaking Limits:

· · · · · · · · · · · · · · · · · · ·	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
. • "	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name
	一点,只是一点,一点,我们就是一点的,一点的一点,就是一个一点,这个一点,一点,一点,我们就是一个一点,这个一点,这个一点,我们就是一个一点,我们就是一个一点,

Date: 1-5-2010

Registration Statement	COMMITTEE	
Please Print	PLEASE PRINT CLEARLY	
Agenda No.	Name Deloka Newton  Address Lo15 E washington Ave  Madison 5303	
Please check the appropriate boxes:  Support	and Wish to speak	
<ul><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>		
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the nan	ne
Name, address and telephone number of each  Dhoaten Madison Oh	rambel of Commelce	
615 Ehashington Avi	e 0	
Madison 53753		
Are you being paid for your representation?	Yes No	
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the ne	:xt
Information Hearing	mon Council)5 minutes 3 minutes 3 minutes	

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	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?				
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)				
If you are t that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised				
1.,	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fthe City-County Building, Madison, for more information.)				
Date	5-26/0 Signature WMA				
	Print Name Delo Ra Newton				
	"我们,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是				

			Date: (/ S	0
	CITY OF MAD	DISON		
Registration Statement -	Common C	ouncil		
Please Print	PI FASE P	RINT CLEARLY		
Agenda No.		Em Dela 22 E Milly	lald n St	
Please check the appropriate boxes:				
Support Oppose Neither Support Nor Oppose		and Ush to spon Do not will Available		
At this meeting are you representing an organist (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	complete the rest			(No vide the name
Name, address and telephone number of eacl	n person or organiz	ation you are represe	nting:	
				<del></del>
Are you being paid for your representation?			☐ Yes ☐	No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	•	. •	☐ Yes ☐ nswered "yes," go o	No On to the next
Speaking Limits: Public Hearing (Com Information Hearing.				

Other Items......3 minutes

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No			
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)			
If you are be that:	sing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

Date: 1/5/10
<b>lLY</b>
PORATH
E GORHAM ISON, WI 53701
ish to speak o not wish to speak vailable to answer questions
yourself: Yes No If you answered "yes," provide the name
representing:

	COMMITTEE			
Please Print	PLEASE PF	RINT CLEARLY		
	Name	LUKE PORA 739 E GOO MADISON,	1-TH_	
Agenda No. 6	Address _	739 E 600	ZHAM	
		MADISON,	WI 5	3701
Please check the appropriate boxes:				
<b>Support</b>	ar	nd Wish to speak  Do not wish to		
Oppose Neither Support Nor Oppose		Available to a	nswer questi	ons
(If you answered "no," <b>STOP</b> ; you need not co of who you represent and go on to the next ques  Name, address and telephone number of each pe	stion)			
			<u> </u>	
Are you being paid for your representation?			Yes	□ No
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not co question)			☐ Yes ered "yes," ş	☐ No go on to the next
Speaking Limits: Public Hearing (Commo Information Hearing Other Items		minutes		

	n elected off ernmental bo	icial or employee who dy?	is appearing	g solely o	n behalf of	your offi	ce or for yo	ur municipality or ☐ No
	<del>-</del>	' to the question, <b>STO</b> red "no" to the questi		_		t of this fo	orm, except	that you must sign
If you are that:	being paid	for your representation	n, or if your	appearan	nce is part	of other p	oaid duties,	please be advised
1.		you engage in lobbyin e City Clerk	ıg as a lobby	ist, you o	or your prin	cipal mus	t file an aut	horization
2.	Your p City C	rincipal is not permitt erk	ed to authori	ize you to	lobby un	ess you a	re registere	d with the
3.	period	principal spends or w (half year), the princ der of the calendar year	ipal must fil					
	and the second s	y Clerk's website <u>wv</u> County Building, Madi			,	<u>x.html</u> or	go to the	Clerk's Office at
Date		Sign	nature					
		Prir	nt Name					

	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Chris Crosser
Agenda No.	Address 1602 3 park 3T
원보기의 보험물이 시원됐습니다. 보다	MADISON WF
Please check the appropriate boxes:	
Support	and Wish to speak  Do not wish to speak
<ul><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	Available to answer questions
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name nuestion)  the person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization?  Yes No to complete the rest of this form. If you answered "yes," go on to the next
1	nmon Council) 5 minutes 3 minutes

Date: 1/5/10

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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.
<b>3.</b>	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature Print Name

				Date:	
		CITY OF MA	DISON		
Registra	tion Statement	Common C	Council		
		COMMITTEE			
Please Print		PLEASE	PRINT CLEARLY		
		Name	Mary Watru		
Agenda No	61.	Address	Mary Watruc 2716 Milwa	ukee St	
			Madison, W	1 53704	
Please check the app	propriate boxes:				
Support Oppose	upport Nor Oppose			peak ish to speak to answer questi	ons
of who you represen	to," STOP; you need not ont and go on to the next quartelephone number of each	estion)			Fovide the name
Are you being paid	for your representation?			☐ Yes	□No
	s part of your other paid of o," STOP; you need not			☐ Yes nswered "yes," g	☐ No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing Other Items		3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name
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	Date: $\sqrt{-5-69}$
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Dave Beex-tengel
Agenda No	Address 921 Burning Wass Leply
	Name Dave Beck-tengel  Address 921 Bearing Wood Way  Madison W
Please check the appropriate boxes:	
Support     Support	and Wish to speak
Oppose	<ul><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Neither Support Nor Oppos	e Available to all swell questions
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name juestion)
Name, address and telephone number of eac	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☑ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next

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

question)

Speaking Limits:

Are you an ele other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes No
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question)
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Date	Signature
	Print Name

Date:	$\perp L$	15/10			
Attack to the	$\neg$	7 . 5 . 15	7. 5.	 	

Registration Statement	Common C	ouncil
Please Print		PRINT CLEARLY
	Name	SAM LAWRENCE
Agenda No.	Address	SAM LAWRENCE 4806 WOODBURN DR
		MADIFON
Please check the appropriate boxes:		
Support Oppose Neither Support Nor Oppos		and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest uestion)	of this form If you answered "yes," provide the name
Are you being paid for your representation?		☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need no question)	duties for this per t complete the res	rson or organization?
Speaking Limits: Public Hearing (Con Information Hearing Other Items	в проиновоорогии споставления	

	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  Yes No
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you ar that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
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ALENTYN Goss Country Gr	
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, WI	
sh to speak	
not wish to speak ailable to answer quest	ions
ourself: Yes  you answered "yes," p	」い Solution or Name
epresenting:	

Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Tim VACENTYN
Agenda No. 6/	Name Tim VACENTYN  Address 2852 Gos Country Gircle  Veron L W
	Verone, WI
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name uestion)  the person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council)5 minutes
	3 minutes
Other Items	3 minutes

Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name

Date: 1 7290

Registration	on Statement	Common C	ouncil				
		COMMITTEE					
Please Print		PLEASE	PRINT CLEAR	LY			
		Name	Sta	vel	unizast	•	
Agenda No.		Address	353	4	Timber	Love I	100
			Chus	5/	Yours (		-:>. 
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Oppose			X D	o not wis	h to speak o answer ques	tions	
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At this meeting are you (If you answered "no, of who you represent a Name, address and tele	" STOP; you need not ond go on to the next qu	complete the rest estion)	of this form	If you ans	swered "yes,"	No provide the nat	me 
Are you being paid for	your representation?				☐ Yes	No	
Are you appearing as r (If you answered "no, question)	part of your other paid on state of your other paid on the state of th	luties for this per complete the res	son or organize to f this form	zation? If you an	☐ Yes swered "yes,'	No go on to the ne	ext
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	ภัพยาสากรับสายเกิด (ค.ศ. 2007) 					

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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, –	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 1/5/6 (	<u>o</u>
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Registration Statement -	Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name SCUTT OLSEN Address 544 GATELY TERR MADISON, WIL
Agenda No	Address 544 GV278 G 18/CL
	LOSIDAM L
Please check the appropriate boxes:	
<b>⊠</b> Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
☐ Neither Support Nor Oppos	
(If you answered "no," STOP; you need no	anization or a person other than yourself: Yes No 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	ch person or organization you are representing:
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
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Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  Yes No
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Date	Signature Print Name

Date: 1 5 1 J

Registratio	on Statement	COMMITTEE	ounch		
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	<b>A</b>	Name _	THEAT	tou t	5-
Agenda No.	9.	Address _	181)	<u> Vilue</u>	Le St
			Media		
Please check the appro	priate boxes:				
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Oppose	nnort Nor Onnog			answer ques	stions
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At this meeting are yo	u representing an organ	nization or a persor	n other than yourself:	Xes	☐ No
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oj wno you represem o	ina go on to the next qu	uestion)			
Name, address and tel	ephone number of each	person or organiz	ation you are represent	ing:	
- COOK			3		<del></del>
Are you being paid for	r your representation?			Yes	□No
Are you appearing as	part of your other paid	duties for this pers	on or organization?	Yes	☐ No
	" STOP; you need not			wered "yes,	" go on to the next
Speaking Limits:	Public Hearing (Com	mon Council) 5	minutes		
	Information Hearing		minutes		
	Other Items	• • • • • • • • • • • • • • • • • • •	minutes		
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	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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,	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fifthe City-County Building, Madison, for more information.
Date \	Signature

Print Name Allen Aunts

Date: / -5 - / 0

Registration Statement	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 🖉	Name Man Manuella Dr. Address 2/D Marinette Dr.
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organical (If you answered "no," STOP; you need not of who you represent and go on to the next quality.	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
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443-1970	
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid of (If you answered "no," <b>STOP</b> ; you need not of question.)	luties for this person or organization? Yes No complete the rest of this form If you answered "yes," go on to the next
Information Hearing	non Council) 5 minutes 3 minutes 3 minutes

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	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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Date /	5-10 Signature & Man Schmith
	Print Name

				Date:	1-5-10	
		CITY OF MADIS	ON			
Registra	tion Statement	Common Cou	ıncil			
		COMMITTEE				
Please Print		PLEASE PRI	NT CLEARLY			
		Name 🛨	SOSEMARY	LEE		
Agenda No. 💪 📗		Address 111	6 W/So	7		
			53103			
Please check the app	propriate boxes:					
Support Oppose		and	- Do not wis	sh to speak		
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Are you being paid f	for your representation?			Y	es 🗌 No	1
	s part of your other paid of o," <b>STOP;</b> you need not	_	<del>-</del>	☐ Y iswered "y		e next
Speaking Limits:	Public Hearing (Communication Hearing Other Items	3 n	inutes			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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(Please go Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name
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	CITY OF MADISON
Registration Statement	- Common Council
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	Name AMY Supple
Agenda No.	- Address 7908 SAWY (nox Coucle
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Are you being paid for your representation	on?
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Information Hear	Common Council) 5 minutes ing 3 minutes 3 minutes

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or ☐ Yes ☐ No
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	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	1-5-2010 Signature $$
	Print Name My Spl

Date: 1/5/16

Registration Statement -	Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Seff Mehrhoff  Address 6920 Century Aug-  middleton WI 53502
Agenda No.	Address 6920 Century Ave-
	middleton WI 53562
Please check the appropriate boxes:	BANG BANG IN AND IN AND IN AND AND AND AND AND AND AND AND AND AN
Support Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
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At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	ch person or organization you are representing:
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111111111111111111111111111111111111111	
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	d duties for this person or organization? \(\subseteq \text{Yes}  \text{No}\) ot complete the rest of this form. If you answered "yes," go on to the next
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	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?			
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)			
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)			
Date //	15/16 Signature Mahle			
7	Print Name Seff Mcholoff			

			D	ate: 1 /:	5/10	
	CITY OF MA	DISON				
Registration Statem	nent - Common C	Council				
Please Print  Agenda No.	Name	N. 2089	ARLY E. Robe Kronck He W	e Rd.	55	
Please check the appropriate boxes:						
<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor</li></ul>	Oppose	and □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	Wish to spea Do not wish Available to	to speak	tions	
At this meeting are you representing (If you answered "no," STOP; you of who you represent and go on to t	need not complete the res	on other that of this form	n yourself: n If you answ	☐ Yes ered "yes,"	⊠No provide the i	name
Name, address and telephone numb	er of each person or organ	ization you	are representi	ng:		
Are you being paid for your represe	entation?			☐ Yes	☐ No	
Are you appearing as part of your o (If you answered "no," STOP; you question)				☐ Yes vered "yes,"	☐ No go on to the	: next
Information	ing (Common Council) Hearing	3 minutes				

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?			
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)			
If you are beithat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised			
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.			
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)			
Date 1/	5/10 Signature John E. Roberts			
	5/10 Signature John E. Roberts  Print Name John E. Roberts			

	State of the state
	CITY OF MADISON
Registration Statement -	Common Council
Please Print	
	PLEASE PRINT CLEARLY
	Name
Agenda No	Address
Please check the appropriate boxes:	: : : : : : : : : : : : : : : : : : :
Support	and ☐ Wish to speak ☐ Do not wish to speak
Oppose Neither Support Nor Oppose	11/ Available to answer questions
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and telephone number of each	h person or organization you are representing:
4801 FOR	& Reen Ral-
Mallson L	D, 53704
Are you being paid for your representation?	☐Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council)5 minutes3 minutes3 minutes

-	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?			
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question)			
If you are I that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised			
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.			
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)			
Date	16/0 Signature Pulso Salker			
	Print Name R/Salky			

	Date: $i - S - \omega$
	CITY OF MADISON
Registration Statement -	
Please Print  Agenda No.	PLEASE PRINT CLEARLY  Name JAMES KMET  Address 24 SD ATWOOD AVE
Please check the appropriate boxes:	MADISON WI
<ul> <li>✓ Support</li> <li>☐ Oppose</li> <li>☐ Neither Support Nor Oppose</li> </ul>	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation?	? Yes No
Are you appearing as part of your other paid	d duties for this person or organization?  Yes No
(If you answered "no," <b>STOP;</b> you need no question)	ot complete the rest of this form. If you answered "yes," go on to the nex

Are you an el other governm		ho is appearing	solely on behalf	of your office or for your municipality Yes No	ty or
	red "yes" to the question, <b>ST</b> ou answered "no" to the ques			rest of this form, except that you must )	sign
If you are be that:	ing paid for your representati	tion, or if your	appearance is pa	urt of other paid duties, please be adv	rised
1	Before you engage in lobby with the City Clerk	ying as a lobby	ist, you or your p	orincipal must file an authorization	
2.	Your principal is not permi	itted to author	ze you to lobby	unless you are registered with the	
3.		ncipal must fil		lobbying services in any reporting nents with the City Clerk for the	
. —	o the City Clerk's website <u>v</u> the City-County Building, Ma			<u>dex.html</u> or go to the Clerk's Offic	e at
Date 1	<i>S</i> √0 si	ignature	Jumes 1	2mod	
	$\mathbf{p_r}$	rint Name	JAME:	SKMH	

Date: 1/5/10

Registration Statement	Common Council
[1] 전 1일 1일 한 수 있었습니다. 일 한 일 전 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name JIM CARCEY
Agenda No.	Address 8501 OLD SAUK RD,
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppose	Available to answer questions
of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name uestion.)
Name, address and telephone number of each	a person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
The you being para for your representation	
Are you appearing as part of your other paid	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?				
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)				
If you are t that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised				
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
2,	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)				
Date /	Signature Vin Carcy  Print Name  TIM CARCY				

Date: 15/09

# CITY OF MADISON

# Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE F	RINT NAME CLEA	ARLY	
Agenda No.	2	Name		enem or ham W	
Please check the app	ropriate box:		Please check th	e appropriat	e box:
Support Oppose Neither Su	pport Nor Oppos	AND se	Wish to spea Do not wish Available to		ions
At this meeting are yo (If you answered "no, of who you represent of	" STOP; you need no	ot complete the rest of	other than yourself: this form. If you ansv	☐ Yes wered "yes," [	☐ No provide the name
Name, address and tel	ephone number of eac	ch person or organiza	tion you are represent	ing:	
<u> </u>					
Are you being paid for your representation?			Yes	No	
Are you appearing as (If you answered "no, question)	part of your other paid." STOP; you need no	d duties for this perso ot complete the rest o	n or organization? f this form. If you ans	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	- 1	mmon Council) 5			

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No			
,	ered "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)			
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised			
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

CAUSTAY UNTIL 8:00-8:15 MUST 90 HONETO FEED LIVESTOOK

## CITY OF MADISON

# Early Public Comment Registration Statement - Common Council

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

Please Print		RINT NAME CLEARLY
Agenda No. 6	Name Address	OVATHAN TSARRY CREG Ness Rev. Mr. Honeb, WF
Please check the appropri	ate box:	Please check the appropriate box:
<ul><li>Support</li><li>✓ Oppose</li><li>Neither Support</li></ul>	AND t Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
(If you answered "no," STO of who you represent and go	on to the next question.)	this form. If you answered "yes," provide the nam
Name, address and telephon	le number of each person or organizat	non you are representing:
Are you being paid for your	representation?	☐ Yes
Are you appearing as part o (If you answered "no," STO question)	f your other paid duties for this persor OP; you need not complete the rest of	n or organization? Yes No f this form. If you answered "yes," go on to the nex
Info	lic Hearing (Common Council) 5 n rmation Hearing 3 n	minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or Yes 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 being paid for your representation, or if your appearance is part of other paid duties, please be advised that: Before you engage in lobbying as a lobbyist, you or your principal must file an authorization 1. with the City Clerk. Your principal is not permitted to authorize you to lobby unless you are registered with the 2.. City Clerk. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting 3. 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.) Print Name

Date: 1/5/10

## **CITY OF MADISON**

# Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASI	E PRINT NAME CLEA	ARLY
Agenda No.		Name Address	SOY WT	ADAMANY AVE ON
Please check the appr	ropriate box:		Please check the	e appropriate box:
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to spea  Do not wish  Available to	ik to speak answer questions
(If you answered "no,	u representing an organization of the control of the control of the next questions of the next questions.	mplete the resi	on other than yourself: t of this form If you answ	Yes INo vered "yes," provide the name
Name, address and tele	ephone number of each pe	erson or organi	ization you are representi	ng:
<u> </u>				
				· · · · · · · · · · · · · · · · · · ·
Are you being paid for	your representation?	7		☐ Yes ☐ No
	part of your other paid du "STOP; you need not co			☐ Yes ☐ No wered "yes," go on to the next
Speaking Limits:	Public Hearing (Commo	ricont composition in	3 minutes	

Are you an elected official or employee who is appearing solely on behalf of your office or for your munic other governmental body?			
, , ,		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question)	
If you a that:	ire beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised	
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		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)	
Date _		Signature	
		Print Name	

Date: 3010

## **CITY OF MADISON**

# Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE R	RINT NAME CLEA	RLY	
Agenda No.		Name	Mark 5	t M	- Mal
Please check the app	ropriate box:		Please check the	e appropriat	e box:
At this meeting are you (If you answered "no, of who you represent	pport Nor Oppose ou representing an organization of state of the next question of each personal person	olete the rest of on.)	other than yourself: this form If you answ	to speak answer quest Yes vered "yes,"/p	No
Are you appearing as	r your representation?  part of your other paid dutie "STOP; you need not comp	es for this perso	n or organization? f this form. If you ansi	Yes Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing	3 г			

Are you an e other govern		yee who is appear	ing solely on behalf of your offi	ce or for you	ır municipality or ☐ No
	ered "yes" to the question on the great to the contract of the		ed not complete the rest of this fo to the next question.)	orm, except t	hat you must sign
If you are be that:	ing paid for your repre	sentation, or if yo	our appearance is part of other p	paid duties,	please be advised
1	Before you engage in with the City Clerk	ı lobbying as a lol	obyist, you or your principal mus	st file an aut	horization
2.	Your principal is not City Clerk.	permitted to auth	norize you to lobby unless you a	ire registered	d with the
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 we the City-County Buildir		nadison.com/clerk/index.html or nore information.)	go to the	Clerk's Office at
Date		Signature			
		Print Name			

Date: 1-5-09

## **CITY OF MADISON**

# Early Public Comment Registration Statement - Common Council

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

Please Print			E PRINT NAME (	/	
Agenda No	<i>(</i>	Name Address	THUMAS M ITAST ( MADISON,	Cr'MAN	tav
Please check the app	ropriate box:		Please che	ck the appropria	te box:
Support Oppose Neither Su	pport Nor Oppose	AND	☐ Wish to ☐ Do not ☐ Availab	o speak wish to speak ble to answer ques	stions
(If you answered "no, of who you represent o	the representing an organizate of the company of the next question of the next question of each perfect of eac	plete the res on.)	t of this form. If you	answered "yes,"	☑No provide the name
				·	
			·		
Are you being paid for	your representation?			Yes	□No
	part of your other paid dution of your other paid dution of STOP; you need not come				☐ No ' go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items		3 minutes		

re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or her governmental body?					
If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign his form. If you answered "no" to the question, go on to the next question.)					
f you are being paid for your representation, or if your appearance is part of other paid duties, please be advised nat:					
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?					
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 1-5-09 Signature Themes N. Fluary.					
Print Name THOMAS N. O(AASSTO)					

Date:	17	5	2010
	- 1		<i>t</i>

## CITY OF MADISON

# Early Public Comment Registration Statement - Common Council

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

	·
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. Schumacher  HAMMES Agenda IJem	Name Kelly Vish  Address 2 Largdon it next don to  Edgenater
Please check the appropriate box:	Please check the appropriate box:
Support Oppose - Re Consideration Neither Support Nor Oppo	I I A VAHADIE 10 AUSWELDHESHOUS
	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question.)
Name, address and telephone number of e	each person or organization you are representing:
Are you being paid for your representation	n? Yes No
	aid duties for this person or organization?  Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	ommon Council)5 minutes  ng

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality other governmental body?				
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)			
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised			
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3.,	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?			
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)			
Date	Signature			
	Print Name			

Date: Jan. 5, 2010

## **CITY OF MADISON**

# Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE	PRINT NAME CLE	ARLY	
Agenda No.	jerwala 61		Robert & Bar Knutson Dri		Ab
Please check the ap	opropriate box:	Mayor Dave	We had the Please check the		
Support Oppose Neither S	Support Nor Oppo	AND	☐ Wish to spe☐ Do not wish☐ Available to		ments
(If you answered "n of who you represer	no," <b>STOP;</b> you need in the next and go on to the nex	not complete the rest (transfer question.)	n other than yourself: of this form If you ans ation you are represent	wered "yes," provide	
We Wish	Council to M	nt overria	le Nov. 30	Landmark	vote
Are you being paid  Are you appearing a	for your representations part of your other part	es And Cor will reconsin? Alder Michan aid duties for this pers		Joll re -el for our ☐ Yes ☐ No	e e tion
Speaking Limits:	Information Heari	ommon Council) 5	minutes		

		lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
		ered "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you that:	are be	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
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	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
		to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

## CITY OF MADISON

# Early Public Comment Registration Statement - Common Council

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

Please Print		PLEASE	PRINT NAME CLEA	RLY	
(	1	Name	LARRY LES	TER	
Agenda No		Address	2657 M	ILWAU	KER ST.
			MADISON		
Please check the appr	opriate box:		Please check the	appropria	te box:
Support Oppose Neither Sup	oport Nor Oppose	AND	☐ Wish to speal ☐ Do not wish t☐ Available to a	o speak	tions
(If you answered "no,"	a representing an organization of the senting an organization of the sent of the next question of the next questio	olete the rest o		☐ Yes ered "yes,"	☐ No provide the name
Name, address and tele	phone number of each perso	on or organiz	ation you are representir	ıg:	
Are you being paid for	your representation?			Yes	☐ No
	part of your other paid duties "STOP; you need not comp			☐ Yes ered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Common of Information Hearing		minutes		·

-	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	vered "yes" to the question, <b>STOP</b> . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name

		CITY OF MADISON		
Registrat	ion Statement	Common Council COMMITTEE		
Please Print				
		PLEASE PRINT CLEARLY		
		Name COFN MARTE	20	
Agenda No. EDGE	WATER	Address 4118 HEGG	AUR	
		MOICAN.	Ten	71567
			) 10 1 -	->
Please check the appr	opriate boxes:			
Support		and Wish to speak		
Oppose		Do not wish to	speak	
	pport Nor Oppose	Available to an:	swer ques	tions
of who you represent	and go on to the next qu	complete the rest of this form If you answere the stion.)  I person or organization you are representing:		provide the name
:				
Are you being paid fo	or your representation?		☐ Yes	□No
		duties for this person or organization?  complete the rest of this form. If you answer	Yes ed "yes,"	☐ No ' go on to the next
Speaking Limits:	Information Hearing	mon Council)5 minutes 3 minutes 3 minutes		

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?  Yes No
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date:  $\frac{1}{5}/10$ 

Registration Statement -	Common Council			
	COMMITTEE			
Please Print	PLEASE PRINT CLEA	<b>IRLY</b>		
	Name RAMA	NTHA PROWN	MER	
Agenda No.	Address $9 \supset 0$	NTHA CROWN 2 KENDALL SON, W, 5	Ave	
	MAO	SON W1 5	3705	
Please check the appropriate boxes:				
☐ Support		Wish to speak		
Oppose		Do not wish to speak Available to answer ques	stions	
☐ Neither Support Nor Oppose				
At this meeting are you representing an orga	nization or a person other than	yourself: Yes	No No	nama
(If you answered "no," STOP; you need not of who you represent and go on to the next q	uestion)	ij you answerea yes,	provide the	name
Name, address and telephone number of each	h person or organization voll a	re representing:		
Traine, address and telephone number of east	, porson or organization you a			
			-	<u> </u>
				<del></del>
Are you being paid for your representation?		☐ Yes	☐ No	
	duties for this narrow or aron	nization? Yes	□No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need not	t complete the rest of this forn			ie next
question)				
	mon Council) 5 minutes			
	3 minutes 3 minutes			
	医乳腺 医海绵性乳腺 医二氏性皮肤病	"""我们,我们就是一个人,我们就是一个人。"	The State of the S	and Armed A

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
	2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
•	-	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date _		Signature
		Print Name
	4 1 2 1 1 1 1 1	人名英格兰姓氏 医克里氏 医多氏性 医电影 医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基

1/1	-/	1	Д×.,	
Date: 1/5/	110:	11.50		
Date//				 

Registration Statement -	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Jonathan Cooper  Address 208 5 Henry St  Madison 53703
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next que Name, address and telephone number of each	그는 그루 나는 어디 하는 근데 이 그릇에 그리고 있는 빛을 잃었다.
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

Are you an el other governr	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1,	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
(Please go t Room 103 of	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date /	Signature South Cooper  Print Name Sonathan D. Cooper

Date:	1	5/	2010	
	-			 

Registration Stat	ement - Common C	Council	
Please Print	PLEASE F	PRINT CLEARLY	
	Name	LEDELL ZELLERS	
Agenda No. 61	Address	LEVELL ZELLERS  510 N CARROLL	
Please check the appropriate box	œs:		
Support		and Wish to speak	
<b>Oppose</b>		Do not wish to speak Available to answer questions	
Neither Support N	or Oppose		
of who you represent and go on	you need not complete the rest to the next question)	st of this form. If you answered "yes," provide the na	ıme
Name, address and telephone nu	imber of each person or organiz	ization you are representing:	
			;
Are you being paid for your rep	resentation?	☐ Yes ☐ No	
Are you appearing as part of you (If you answered "no," <b>STOP</b> ; question)		erson or organization? Yes No st of this form. If you answered "yes," go on to the n	ıext
Informati	learing (Common Council)	3 minutes	
Other Ite	ems	3 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 5 Jan 2096

	COMMITTEE		
Please Print	PLEASE PRINT CL	EARLY	
	Name )	avid Ways	3 <sup>1</sup>
Agenda No.	Address 1212	East Miffly	7
	Ma	dison, WI	53703
Please check the appropriate boxes:			
Support	and [	Wish to speak	
Oppose		Do not wish to speak  Available to answer ques	tions
Neither Support Nor Oppose			
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this fo uestion.)	orm. If you answered "yes,"	No provide the name
Name, address and telephone number of each	person or organization yo	u are representing:	
Are you being paid for your representation?		☐ Yes	No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or or complete the rest of this fo	ganization?	☐ No ' go on to the next
Information Hearing	mon Council) 5 minute 3 minute 3 minute	$\mathbf{s}$	

Are you an ellother governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  [ Yes ] No
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: Jan 5, 2016

Registration		COMMITTEE	Juncii		
Please Print		DI FASE D	RINT CLEARLY		
		PLEASE F	D / I /	116	
		Name _	Abbert K	1ebox	
Agenda No.		Address _	1213 E.N	littliv	
			Madison	, WI 5	3703
Please check the appropri	iate boxes:				
☐ Support		a	nd Wish to spea	k	
Oppose			Do not wish		
	ort Nor Oppose		☐ Available to	answer quest	ions
At this meeting are you re (If you answered "no," So of who you represent and Name, address and teleph	T <b>TOP;</b> you need not coll go on to the next que	omplete the rest ( stion)	of this form. If you answ	vered "yes," ]	☑No provide the name
Are you being paid for yo	our representation?			☐ Yes	□No
Are you appearing as par (If you answered "no," S question)				☐ Yes vered "yes,"	No go on to the next
	ublic Hearing (Comm				
<u>Ir</u>	formation Hearing				
	ther Items	1000 ano 1000 and 1100 and 110	minutes		

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you anthat:	re beir	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
1		Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2	2.,	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3	<b>)</b>	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
		the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date		Signature
i di		Print Name
	18 No. 18 18 18	

Date: ## Jan 5, 2010

Registrati	ion Statement	Common C	ouncil			
Please Print		PLEASE I	PRINT CLEARLY			
		Name	Michael	Bridgeman		
Agenda No	Col.		106 5	Franklini St		
				WI 5370		
Please check the appr	opriate boxes:					
Support Oppose Neither Su	ipport Nor Oppose			to speak of wish to speak able to answer que	estions	
(If you answered "no	ou representing an organ ," <b>STOP;</b> you need not and go on to the next qu	complete the rest	on other than your of this form. If yo	self: Yes nu answered "yes,	☐ No " provide the	e name
Name, address and te	lephone number of each	person or organi	zation you are rep	resenting:		
Are you being paid for	or your representation?			☐ Yes	No No	
Are you appearing as (If you answered "no question)	s part of your other paid o," STOP; you need not	duties for this per complete the res	son or organization to of this form. If yo	on?	⊠No ," go on to t	he next
Speaking Limits:	Public Hearing (Com- Information Hearing Other Items		3 minutes			
	OLIIVI ILVIIIGaanoonnuunuosa					

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
. • .	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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. •	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date //	Signature Hobal K. Bridgenian  Print Name Michael K. Bridgenian
1	Print Name Michael K Bridgeman
1	

	· · · · · · · · · · · · · · · · · · ·
	CITY OF MADISON
Registration Statement -	Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. O	Address 138 Larkin St.
	[ [V/adisor) 33/05
Please check the appropriate boxes:	
Support	and Wish to speak  Do not wish to speak
Oppose	Available to answer questions
Neither Support Nor Oppose	Se 기가 있는 사람들이 가는 기가 있다. 그런 이렇게 함께 하는 것이 되었다. 그 것이 되었다. 
(If you answered "no," <b>STOP;</b> you need no of who you represent and go on to the next	
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation	? Yes \(\sum No
Are you appearing as part of your other pai (If you answered "no," <b>STOP;</b> you need no question)	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

				Date:	
		CITY OF MA	DISON		
Ponietra	tion Statement	Common C	`ouncil		
Registra	non Statement -	COMMITTEE	Journell		
Please Print		PLEASE	PRINT CLEARL	Y	
		Name	FAE	DREM	04(
Agenda No	0	Address	12.11	Rutled	#4
				MARISH	
Please check the app	propriate boxes:				
Support			and Wis	h to speak	
Oppose				not wish to speak	
Neither S	upport Nor Oppose		L Ava	ilable to answer que	Suons
(If you answered "n of who you represen	you representing an organ o, " STOP; you need not t and go on to the next que elephone number of each	complete the rest uestion)	of this form. If	you answered "yes,	☑ No " provide the name
Are you being paid	for your representation?			Yes	Νo
Are you appearing a (If you answered "n question)	s part of your other paid o," <b>STOP;</b> you need not	duties for this per complete the res	rson or organizate of this form. If	tion?	No " go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	renna renjaraka karata ana ta rapinya parti	3 minutes		

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

			Γ	Date:	-5-10
	CITY OF MAI	DISON			
Registration Statement	Common C	ouncil			
Please Print	PLEASE I	PRINT CLEAF	RLY		
	Name	Scott 1104	B. 7	HORNI	m
Agenda No.	Address	1104	JEN	IFER_	<u>5r</u>
			MADI	SN	
Please check the appropriate boxes:					
<ul> <li>☐ Support</li> <li>☑ Oppose</li> <li>☐ Neither Support Nor Oppose</li> </ul>		and V	Vish to spea Oo not wish Available to	ık to speak answer que	stions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next quantum of the	complete the rest	on other than of this form.	yourself: <i>If you ans</i> w	Yes vered "yes,"	☐ No ' provide the name
Name, address and telephone number of each	ı person or organi	zation you ar	e representi	ing:	
MARQUETTE NGIGH	-Roretown	Associ	ATIM		
		· .			
Are you being paid for your representation?				Yes	Ľ¥16
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this per complete the resi	son or organ t of this form	ization? If you ans	☐ Yes wered "yes,	☑No " go on to the next
Speaking Limits: Public Hearing (Com Information Hearing					

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	-5-2010 Signature 5 - 3 ?
	Print Name Scott B. THORWOOM

Date:	1-	5	-	20	)		

Registrati	on Statement	COMMITTEE COMMITTEE
Please Print		
		PLEASE PRINT CLEARLY
		Name Sent Still
Agenda No. 6		Address 120 S. Frankella SI.
		Madisan
Please check the appro	opriate boxes:	
		and ☑ Wish to speak
Support		Do not wish to speak
Oppose Noither Su	pport Nor Oppose	Available to answer questions
Treffile Su	pportitor Oppose	일 집 다는 그를 했다면 살아보고 하는 보다는 <u>하는</u> 모든 트 <u>라</u> 하는 보는 것.
At this meeting are yo	u representing an organ	nization or a person other than yourself: Yes No
(If you answered "no,	" <b>STOP;</b> you need not and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and tel	ephone number of each	h person or organization you are representing:
Are you being paid for	r your representation?	☐ Yes ☐ No
Are you appearing as (If you answered "no question.)	part of your other paid," STOP; you need not	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:		nmon Council)5 minutes
		3 minutes
		회사들 할 것들 수는 하는 일을 하면 하는 것들은 가는 것을 모르는 것들은 것을 다 되었다.

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	sing paid for your representation, or if your appearance is part of other paid duties, please be advised
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	Date: 1-5-10
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print Agenda No. 6	PLEASE PRINT CLEARLY  Name Joe 20550N  Address 627 E. Gorham 5+
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an organism answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid If you answered "no," STOP; you need not question.)	duties for this person or organization?   Yes No t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

<ol> <li>Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.</li> <li>Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.</li> <li>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?</li> <li>(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.)</li> </ol>			ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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 <a href="www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)			
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 <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Date	If you that:	are bei	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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 <a href="www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)  Date Signature		1.	,一个一个大型,一个一个一个一个大型,一个大型,一个大型,一个大型,一个大型,一
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		2	
Room 103 of the City-County Building, Madison, for more information.)  Date		3.	period (half year), the principal must file expense statements with the City Clerk for the
Print Name	Date _		Signature
			Print Name

Date: 1/5/2010

Registrat	ion Statement	Common Council COMMITTEE
Please Print		
		PLEASE PRINT CLEARLY
		Name Thomas Link
Agenda No		Address /111 Willow Law
		Madisor
Please check the app	ropriate boxes:	
		and Wish to speak
Support	consideration	Do not wish to speak
Neither Si	ൂ പ്രാട്യമാണ് 7 07 upport Nor Oppos	Available to answer questions
I Treatment of	ipport itor Oppos	
At this meeting are y	ou representing an orga	unization or a person other than yourself: Yes No
(If you answered "no	o," <b>STOP;</b> you need not t and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
oj wno you represent	unu go on to the next q	
Name, address and to	elephone number of eac	h person or organization you are representing:
Are you being paid f	or your representation?	☐ Yes ☐ No
		I duties for this person or organization? Yes No
Are you appearing as (If you answered "no question)	s part of your other paid o," <b>STOP;</b> you need no	I duties for this person or organization? Yes Moot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:		nmon Council) 5 minutes 3 minutes
		3 minutes

•	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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, -	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information)
Date	Signature /
	Print Name Thomas Link

Date: 1-5-10

Registration Statement	Common Council
Please Print	
	PLEASE PRINT CLEARLY
	Name YETER OSTLIND
Agenda No	Address 533 W. Main
	MADIZON
Please check the appropriate boxes:	
<ul> <li>☐ Support</li> <li>☑ Oppose</li> <li>☐ Neither Support Nor Oppose</li> </ul>	and   Wish to speak   Do not wish to speak   Available to answer questions
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next quantity	nization or a person other than yourself:   Yes No complete the rest of this form If you answered "yes," provide the name uestion)
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization?   Yes No t complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

Are you an el other governn		ee who is appear	ng solely on behalf of your office or for your municipality or  Yes No
	red "yes" to the question ou answered "no" to the		d not complete the rest of this form, except that you must sign o the next question)
If you are beithat:	ng paid for your repres	entation, or if yo	ur appearance is part of other paid duties, please be advised
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Before you engage in with the City Clerk	lobbying as a lob	byist, you or your principal must file an authorization
2	Your principal is not City Clerk	permitted to auth	orize you to lobby unless you are registered with the
<b>3.</b>		e principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
	o the City Clerk's web the City-County Building	4.7	adison.com/clerk/index.html or go to the Clerk's Office at ore information.)
Date	-5-16	Signature	XOED
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Date: 1 1 5 0 9

Registration Statement	Common Council COMMITTEE
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	Name GENE LEVIII
Agenda No.	Address 28 EAST GILMAN
	MACOS 20, Wi 5375
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Flease check the appropriate boxes.	놓일말: [20] : [20] - [20] : [20
Support	and Wish to speak  Do not wish to speak
Oppose	Available to answer questions
Neither Support Nor Oppose	
of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name uestion)  h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question.)	duties for this person or organization?  Yes No to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	nmon Council)5 minutes
Information Hearing	minutes
Other Items	nununununununununun 3 minutes

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?  Yes No
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are beinthat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature 27
	Print Name

Date: Jan Ul, 2010

Registration Statement	Common Council
Please Print	
	PLEASE PRINT CLEARLY
	Name They I SMMET
Agenda No.	Address / E 9/MMW
	Man/104 W1, 1370.
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Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
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At this meeting are you representing an organ	nization 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 q	
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid	duties for this person or organization? Yes 4No
(If you answered "no." <b>STOP:</b> you need not	t complete the rest of this form. If you answered "yes," go on to the next
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	mon Council)5 minutes 3 minutes
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Are you an el	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date V DN	Signature A TOTAL
	Print Name TROP BENNETT

Date: Jan 5, 2010

Registration Statement	
Please Print	PLEASE PRINT CLEARLY
	Name SASON TISH
Agenda No. ##	Address 27/4 LAFOLLETTE AVE
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose  At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
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Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council)5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your munmental body?	nicipality or No
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you answered "no" to the question, go on to the next question)	ou must sign
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any repoperiod (half year), the principal must file expense statements with the City Clerk for remainder of the calendar year?	
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk of the City-County Building, Madison, for more information.)	's Office at
Date <u>/ - 5</u>	Signature	
	Print Name	

Date: 1/5/2010

### **CITY OF MADISON**

Common Council

Registration Statement -

분기 되는 건강을 모르는 반찬하는 기술을	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name GREG PARADISE
Agenda No.	Address 20 N, CARROLL ST
	M ADISON 53703
Please check the appropriate boxes:	
Support Oppose	and Wish to speak  Do not wish to speak
Neither Support Nor Oppo	Available to answer questions
At this meeting are you representing an org	ot 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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Name, address and telephone number of ca	ch person or organization you are representing:
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MANSION HILL No. glubon  Of FRED Mohs  20 N. CARROLL 84, 5  Are you being paid for your representation  Are you appearing as part of your other paid	Aval Steery Committee on the Coxonance

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Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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If you are be	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	5   2010 Signature   MADES
	Print Name Coregory J. Produst

### **CITY OF MADISON**

Registration S	Statement	Common Co	uncil				
		COMMITTEE					
Please Print							
			INT CLEARL		M		
		Name	Vancy	McI	MHOL	V NE K	A
Agenda No		Address	2122	CHAD	BOUR	NEX	7 <u>V</u>
		V	1ADIS	on, u	JI 5	3726	
Please check the appropriat	te boxes:						
☐ Support		an		sh to speak		NV2=	
Oppose				not wish to	o speak nswer ques	/ tions	
Neither Suppor	rt Nor Oppose				no nor quos		
At this meeting are you rep	resenting an organiz	zation or a person	other than yo	ourself:	Yes	<b>⊠</b> No	
(If you answered "no," ST	<b>OP;</b> you need not co	omplete the rest of	this form. If	you answe	ered "yes,"	provide the n	ame
of who you represent and g	go on to the next que	stion)					
Name, address and telepho	ne number of each p	erson or organiza	tion you are	representin	g:		
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			<u> </u>				
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				—. 	Yes	□No	: :
Are you being paid for you	r representation?				1 <b>c</b> s	110	
Are you appearing as part of	of your other paid du	ities for this perso	n or organiza	ation?	Yes	□ No	
(If you answered "no," <b>SI</b> question)	<b>OP;</b> you need not c	omplete the rest o	f this form I	f you answ	ered "yes,"	go on to the	next
Speaking Limits: Pub	olic Hearing (Comm	on Council)5	minutes				
Info	ormation Hearing		minutes				$\frac{a_0}{\Lambda} \frac{a_0}{a_0}$
Oth	er Items		minutes				A 4.

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

Date: 2//05/10

Registration	Statement	Common Counc	<u>cil</u>
		COMMITTEE	
Please Print		PLEASE PRINT	
		Name	Pat Sheldon
Agenda No. 15956		Address	509 Wisconsin Ave
Agenda No. 15655( Edge Wat	er		Pat Sheldon 509 Wisconsin Ave Madison WI53703
Please check the appropris	ate boxes:		
Support		and	☐ Wish to speak
Oppose			Do not wish to speak
	ort Nor Oppose		Available to answer questions
At this meeting are you re (If you answered "no," So of who you represent and	<b>TOP;</b> you need not co	omplete the rest of this	er than yourself: Yes No s form If you answered "yes," provide the name
Name, address and telepho	one number of each p	erson or organization	you are representing:
Are you being paid for yo	ur representation?		☐ Yes ☐ No
Are you appearing as part (If you answered "no," S question)	of your other paid du <b>TOP;</b> you need not co	nties for this person or omplete the rest of this	organization? Yes No No is form. If you answered "yes," go on to the nex
In		on Council) 5 minu 3 minu 3 minu	utes

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
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	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
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		Date:	10
	CITY OF MADISON		
Registration Statement -			
	COMMITTEE		
Please Print	PLEASE PRINT CLEARLY		
	Name DRICA FOX	6EHRIC	
Agenda No. 6	Address 1811 UILAS		
	MADISON U	11 5371	
Please check the appropriate boxes:			
	and Wish to spe	ak	
Support Oppose reconsideration		to speak	
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At this meeting are you representing an organism (If you answered "no," STOP; you need no of who you represent and go on to the next of th	t complete the rest of this form. If you answ	☐ Yes wered "yes,"	☐ No provide the name
Name, address and telephone number of eac	ch person or organization you are represent	ing:	
Are you being paid for your representation?		Yes	∐No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)		☐ Yes wered "yes,'	No go on to the next
Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
Date	Signature
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2.5	사는 이번 사람들이 나가 되는 것을 되었다. 나는 그는 그는 사람들은 사람들은 사람들이 되었다. 그는

Date: /-5-20/0

Registrati	on Statement	Common Cour	<u>ıcil</u>		
Please Print		PLEASE PRINT	r clearly_		
Agenda No.		Name Address	sen lier 27 E. Gok	perg Efan	
Please check the appro	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose	and	☐ Wish to sp ☐ Do not wis ☐ Available		tions
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Name, address and tel	ephone number of each	person or organization	1 you are represer	nting:	
Are you being paid fo	r your representation?			Yes	□No
Are you appearing as (If you answered "no, question)	part of your other paid of "STOP; you need not	duties for this person of complete the rest of the	n organization? nis form If you ar	Yes Yes	☐ No go on to the next
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Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

				Date:	<u> </u>	
		CITY OF MA	DISON			
Pogjetrati	on Statement	Common (	Council			
Negistiati	on otatement	COMMITTEE	Journey			
lease Print						
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$\mathscr{A}_{\mathcal{I}}$		Name	Chuck	LITWEI CT	LER	
Agenda No. 6/		Address	5 Lukk	EN CT		
			MADI	SON, Wi 5	3704	
Please check the appro	opriate boxes:					
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of who you represent o	" STOP; you need not and go on to the next que ephone number of each	uestion)			s, provide me	nume
Are you being paid fo	r your representation?			☐ Ye	es 🗌 No	
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Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 1/5/10

Registrati	and the contract of the contra	COMMITTEE	
Please Print			
		PLEASE PRINT CLEARLY	
	20,	Name Patrick McDonnell Address 441 N. Paterson 57 Madison WE 53703	
Agenda No.#61	-16/86	Address 441 N. Paterson 57	_
		Madison WE 53703	₹
Please check the appr	opriate boxes:		
Support		and Wish to speak	
Oppose		Do not wish to speak	
Neither Su	pport Nor Oppose	Available to answer questions	j j
(If you answered "no, of who you represent	" STOP; you need not co and go on to the next que	zation or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the natestion)  Decreased or organization you are representing:	ne
Are you being paid fo	r your representation?	☐ Yes ☐ No	
		uties for this person or organization?	ext
Speaking Limits:		on Council) 5 minutes	
		3 minutes 3 minutes	
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	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fthe City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date:	$\perp I$	_5-	20	10	1.	Ä,	٠,

Registration Statemen	rt - Common Council
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Please Print	PLEASE PRINT CLEARLY
	Name Douglas Peterson
Agenda No. 6	Name Douglas Peterson  Address 619 E. Johnson St
	Madison, W7 53703
Please check the appropriate boxes:	고급하고 있는 사람이 되었다. 하는 사람들은 사람들은 사람들은 사람들은 그리고 있는 것이다. 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
<ul> <li>☐ Support</li> <li>☒ Oppose</li> <li>☐ Neither Support Nor Op</li> </ul>	and Wish to speak  Do not wish to speak  Available to answer questions  Pose
At this meeting are you representing an (If you answered "no," <b>STOP</b> ; you nee of who you represent and go on to the n	organization or a person other than yourself: $\square$ Yes $\nearrow$ No d not complete the rest of this form. If you answered "yes," provide the name text question.)
Name, address and telephone number of	f each person or organization you are representing:
Are you being paid for your representat	ion? Yes No
	paid duties for this person or organization?  Yes No d not complete the rest of this form. If you answered "yes," go on to the next
	(Common Council) 5 minutes
	3 minutes

(If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:
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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 Signature
Print Name

	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	마르 마르 프로마 (1985년 1일 전 1985년 1일
	PLEASE PRINT CLEARLY
	Name MARY ANGLIM  Address 2134 E Washington Av
Agenda No. <u>b/</u>	Address 2134 E Washington Av
	Madison W 1 53704
Please check the appropriate boxes:	
Support	and Wish to speak
<b>Oppose</b>	<ul><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
☐ Neither Support Nor Oppose	
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
	nmon Council)5 minutes 3 minutes

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

	Date: 1/5/10
	CITY OF MADISON
Registration Statemen	t - Common Council
Please Print  Agenda No.	PLEASE PRINT CLEARLY  Name Lisa Pfaft  Address 512 S. Bready #2  Madraw, WI 53703
Please check the appropriate boxes:	경우 등에 있는 것이 되었다. 그는 그들은 사람들은 것이 되었다. 그는 것이 없는 것이다. 참 하는 것은 것이 없는
Support Oppose Neither Support Nor Opp  At this meeting are you representing an of the support in the support i	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name
한 보험 연락하는 사람이 집에 살아보다.	each person or organization you are representing:
Are you being paid for your representati	on? Yes No
	paid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hea	Common Council) 5 minutes ring 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	国際の表現である。
	CITY OF MADISON
Registration Statement	Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Brian Withholm
Agenda No.	Address 2324 Atwood Are Madison
	33704 At Word Ave Madison
Please check the appropriate boxes:	
□ Support	and Wish to speak
<ul><li>✓ Oppose</li><li>✓ Neither Support Nor Oppose</li></ul>	☐ Do not wish to speak☐ Available to answer questions
The true Support to Oppose	
	nization or a person other than yourself: Yes No
of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and telephone number of each	nerson or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no." <b>STOP</b> : you need not	duties for this person or organization?  Yes  No complete the rest of this form. If you answered "yes," go on to the next
question)	
	mon Council) 5 minutes
Information Hearing	rannannunannunannan 3 minutes

Other Items......3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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,	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information.)
Date 1/5	109 Signature Many////
	Print Name Brian Witth

Date: \_\_\_\_\_\_

Registration Statement	- Common Council
Please Print	PLEASE PRINT CLEARLY
	🖚 电影响射电影 的时间 网络斯瑟斯斯瑟斯 A S A A A A A A A A A A A A A A A A A
	Name Janie Mcavulle
Agenda No.	- Address 1215 Butterst #3
	J mayon WIS323
Please check the appropriate boxes:	로마스 (1) 1일 전 12 전
☐ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Opp	ose Available to answer questions
그 가도 녹음 시간에 따른 유래된 시간 그는 사람들	돌도이라 여러보면 성실하는 보면 등로 하면 경로 <u>이</u> 터 인터 <u>트</u> 로 기업으로 된다.
	rganization or a person other than yourself: Yes No No not complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the nex	
	- 연변 (Pine Self Color) 등 하고 보다는 분호 되고 있는
	each person or organization you are representing:
	Epopote TIE Welfore, Jsuppirk
distance distants	+ The regular approval
DYOURS FOR BU	rildura projects
Are you being paid for your representation	n? Yes No
Are you appearing as part of your other pa	
(If you answered "no," <b>STOP</b> ; you need question)	not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (C	ommon Council)5 minutes
Information Heari	ng3 minutes
Other Items	

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)		
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk		
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information.)		
Date //	5/10 Signature Dome McCovelle		
T	Print Name Jame Wolvelle		

Date: 1-5-10

Registrati	on Statement	Common Cou	ıncil		
Please Print					
		PLEASE PRII	NT CLEARLY		
	1	Name	Michelle	Mactin	<u> </u>
Agenda No		Address	2217 Si	aperior	· St
			Madisor		
Please check the appro	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose	and	Do not wis		stions
(If you answered "no,	u representing an orgar " <b>STOP;</b> you need not and go on to the next qu	complete the rest of t			
Name, address and tel	ephone number of each	ı person or organizati	on you are represer	nting:	
Are you being paid for	r your representation?			☐ Yes	□ No
	part of your other paid of "STOP; you need not			☐ Yes nswered "yes,"	☐ No ' go on to the next
Speaking Limits:	Public Hearing (Cominformation Hearing Other Items	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	inutes		

	elected official or emparmental body?	oloyee who is appearing	g solely on behalf of your office or for your municipality or  Yes No
		stion, <b>STOP.</b> You need the question, go on to	not complete the rest of this form, except that you must sign the next question)
If you are b that:	peing paid for your re	presentation, or if your	r appearance is part of other paid duties, please be advised
1.	Before you engage with the City Clerk		yist, you or your principal must file an authorization
2.	Your principal is a City Clerk.	not permitted to author	rize you to lobby unless you are registered with the
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?		
		website <u>www.cityofmac</u> ding, Madison, for mor	dison.com/clerk/index.html or go to the Clerk's Office at e information.)
Date	-570	Signature _	Millato
		Print Name _	Michelle Martin

Date: 1/5/2010

Registration	n Statement	Common Council
		PCOMMITTEE 전 시간 전문 사람들이 하는 사람들이 되는 것으로 받는 것이 되었다. 그 사람들이 되었다. 사람들이 자기를 받는 것이 되었다면 하는 것이 하는 것이 되었다. 그는 것이 되었다는 것이 되었다.
Please Print		PLEASE PRINT CLEARLY
		Name Lucy Gibson
Agenda No.		Address 1610 Angel Crost Way
		Name Lucy Gibson  Address 1610 Angel Crest Way  Madison WI 5371
Please check the appropri	iate boxes:	
☐ Support		and Wish to speak
<b>Oppose</b>		Do not wish to speak
Neither Supp	ort Nor Oppose	Available to answer questions
(If you answered "no," I of who you represent and	STOP; you need not did go on to the next qu	ization or a person other than yourself:   Yes No complete the rest of this form If you answered "yes," provide the name testion)  person or organization you are representing:
Are you being paid for y	our representation?	☐ Yes 🔀 No
		luties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
		non Council)5 minutes
		3 minutes 3 minutes
	CLICI IUXIIS anononnununununun	nanananananananananananananananananana

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

Date: 1/5/10

Registra	tion Statement	Common Council
Please Print		PLEASE PRINT CLEARLY
		Name FRED MOAS
Agenda No.		Address 5/2 1/2/10 7/16
		0.2
Please check the app	ropriate boxes:	
Support Oppose		and Wish to speak  Do not wish to speak
Neither S	upport Nor Oppose	e Available to answer questions
(If you answered "no		nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name question)
Name, address and to	elephone number of each	h person or organization you are representing:
Are you being paid f	or your representation?	☐ Yes ☐ No
		duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing.	amon Council) 5 minutes 3 minutes 3 minutes

	Print Name
Date	Signature
Room 103 of	the City-County Building, Madison, for more information)
(Please go to	the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at
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?
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	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
other governn	

	Date: 172-09
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	人名英格兰 医克莱斯 医克勒氏性脑 在这时,在这个时间,我们是这些是一个时间,只是这个人,这个大家的大学,我们就是这个话题,在
	Name BILL WELLMAN Address GOI CANGDON ST.
Agenda No.	Address 601 CANEDON S1.
	MADISON 53703
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next que Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name testion.)
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not	duties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next

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

Other Items....3 minutes

question.)

Speaking Limits:

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  Yes No
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
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Date	Signature
	Print Name