Date: 2/23/10

Registration States	ment - Common Council		
	COMMITTEE		
Please Print			
	PLEASE PRINT NAME CLE	ARLY	
2000	Name Mark Sch		
Agenda No. 2 (4) 67 76	122 Address 3717 BUS	se st	
	Madison	WT 53	714
		•	
Please check the appropriate bo	ox: Please check the	he appropriate l	box:
Support	☐ Wish to spe	ak	
Oppose	AND Do not wish		
	Available to	o answer question	ns
Neither Support No	r Oppose	•	
(If you answered "no," <b>STOP</b> ; yo of who you represent and go on to	ing an organization or a person other than yourself: ou need not complete the rest of this form. If you ans o the next question)  mber of each person or organization you are represen	wered "yes," pro	<b>X</b> No ovide the name
Are you being paid for your repre	esentation?	☐ Yes [	☐ No
Are you appearing as part of your (If you answered "no," STOP; you question.)	r other paid duties for this person or organization? ou need not complete the rest of this form. If you and	☐ Yes [ swered "yes," go	No on to the next
Information	earing (Common Council) 5 minutes on Hearing 3 minutes ms 3 minutes		
Other Item	HIMIUI C. nameterante commission de la c		:

Are you an ele		oyee who is appearing so	lely on behalf of your of	ffice or for your municip  Yes No	pality or
		tion, <b>STOP.</b> You need not the question, go on to the		form, except that you m	ust sign
If you are bei that:	ng paid for your rep	resentation, or if your ap	pearance is part of other	r paid duties, please be	advised
1.	Before you engage with the City Clerk	in lobbying as a lobbyist,	you or your principal m	nust file an authorization	
2.	Your principal is n City Clerk	ot permitted to authorize	you to lobby unless you	are registered with the	
3.		ends or will owe more the the principal must file of lendar year?			
		vebsite <u>www.cityofmadiso</u> ling, Madison, for more in		or go to the Clerk's C	ffice at
Date	· .	Signature			
		Print Name			

Date: 2/23/10

registiati	on Statement	COMMITTEE	<u>ounch</u>		<del>- Lagranda</del> e di Santana
		COMMITTEE			
Please Print		**			
			PRINT NAME CLE		
600	72 72 122	Name	JAMES GRE	ER	<u> </u>
Agenda No.	31,12,12	Address _	513 West	LAWN DA	2.
			513 West	e WI	
Please check the app	propriate box:		Please check t	he appropriate b	ox:
Support	_		☐ Wish to spe	eak	
Oppose		AND	☐ Do not wisl	n to speak	
	pport Nor Oppose		Available to	o answer question	18
A 4 41-5			in a lo		~
	ou representing an organi , " STOP; you need not c			☐ Yes  ☐ wered "ves" pro	_  No wide the name
	and go on to the next que		oj viiis joi in. 19 you uns	nerea yes, pro	That me name
Name address and to	lankana mushas af'aaak			·•	•
ivalite, address and te	lephone number of each	person or organiz	ation you are represent	ing:	
	·	-			
·					<del></del>
Are you being paid for	or your representation?			☐ Yes	No
	part of your other paid d			☐ Yes ∠	ĴNo
(If you answered "no question)	o," <b>STOP;</b> you need not d	complete the rest	of this form. If you ans	wered "yes," go	on to the next
Spacking Limiter	Dublic Hearing (Comm	non Council) 4			
Speaking Limits:	Public Hearing (Comm Information Hearing				
	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?
	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. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date 2/23/10

Registration Statement -	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
Collins A 13	Name HAQUEY Whole
Agenda No. 3(4,61,72,72	Address 531 N Pinchay
Edgeworer	mapisa
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppo	AND  Wish to speak  Do not wish to speak  Available to answer questions
of who you represent and go on to the next	not complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation	n?
Are you appearing as part of your other pa (If you answered "no," STOP; you need r question)	nid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Co	ommon Council)5 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)
If you that:	ı are be	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?
-	_	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: 2-23-10

#### **CITY OF MADISON**

**Registration Statement -**Common Council COMMITTEE Please Print PLEASE PRINT NAME CLEARLY OR BOUCHER Name CO318 LANDFALL DR Agenda No. Address Please check the appropriate box: Please check the appropriate box: Support Wish to speak AND Do not wish to speak Oppose Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question) Name, address and telephone number of each person or organization you are representing: SUPPORT OF EDGOLDSEN DEV. Are you being paid for your representation? Yes 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.) **Speaking Limits:** Public Hearing (Common Council) \_\_\_\_5 minutes Information Hearing 3 minutes Other Items 3 minutes

Are you an electory other government	ed official or employee who is appearing solely on behalf of your office or for your municipality or tal body?	
	"yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)	!
If you are bein that:	paid for your representation, or if your appearance is part of other paid duties, please be advised	1
1. 1. 1. 1. 1. 1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.	
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	
3	f 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?	
	he City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information.)	
Date	Signature	_
	Print Name	

Date: 2/23/10

# **CITY OF MADISON**

Registration Statement - Common Council

Please Print		PLEASE PRINT NAME CL	EARLY
Agenda No. Z , 1/,	67,22, 122	Name JUDD Sc Address 7614 St MADISON,	HEMMEL AWMILL RD WI 53717
Please check the ap	propriate box:	Please check	the appropriate box:
Support Oppose Neither St	upport Nor Oppose	AND Wish to sp  Do not wi  Available	
(If you answered "no of who you represent	o," <b>STOP;</b> you need not contained and go on to the next ques	ation or a person other than yourself:  mplete the rest of this form. If you are tion.)  erson or organization you are represe	nswered "yes," provide the name
Are you being paid f	or your representation?		Yes No
		ties for this person or organization?  Implete the rest of this form. If you are	☐ Yes ☐ No nswered "yes," go on to the next
Speaking Limits:	Information Hearing	on Council) 5 minutes 3 minutes 3 minutes	

	lected official or employ mental body?	vee who is appearing s	solely on behalf of your office	e or for your municipality or Yes No
	ered "yes" to the question wou answered "no" to the		ot complete the rest of this for ne next question)	m, except that you must sign
If you are be that:	eing paid for your repre	sentation, or if your a	appearance is part of other pa	id duties, please be advised
1.	Before you engage in with the City Clerk	lobbying as a lobbyis	st, you or your principal must	file an authorization
2.	Your principal is not City Clerk	permitted to authoriz	e you to lobby unless you are	e registered with the
3.		ne principal must file	than \$1,000 for lobbying servi expense statements with the	
	to the City Clerk's we the City-County Buildir		son.com/clerk/index.html or g information)	go to the Clerk's Office at
Date		Signature		
		Print Name		

Date:	2/2	2/10	· ·

Registration Statement	Common Co	ouncil	<del></del>
Please Print			
	PLEASE !	PRINT NAME CLEARLY	
N. A	Name <	Jim Graver	
Agenda No.	Address _	120 W. Irdrham	·
		madisa, wit	53703
Please check the appropriate box:		Please check the appropria	te box:
Support [	ANID	Wish to speak	
Oppose L	AND	Do not wish to speak Available to answer ques	stions
☐ Neither Support Nor Oppose			
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next quality of the	t complete the rest o	other than yourself: Yes f this form If you answered "yes,"	☐ No provide the name
Name, address and telephone number of each	h person or organiza	ation you are representing:	
Stut Brown Apar	tments		
120 W. Wilman			
madish, WI	53705		
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)			No go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		minutes	

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question)
If you that:	ı 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
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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	and the second second second second	Signature
		Print Name

Date: 2-23 - 10

# **CITY OF MADISON**

Registration Statement - Common Council
COMMITTEE

Please Print		PLEASE PRINT NAME CLEARLY				
Agenda No	955 Z		TOOD HOFF, 368 North Oregon, W	MASTE. Bergo	mont Blud	
Please check the appr	opriate box:		Please check th	e appropria	te box:	
Support Oppose Neither Sup	oport Nor Oppose	AND	☐ Wish to spea ☐ Do not wish ☐ Available to	to speak	stions	
(If you answered "no,	u representing an organiza "STOP; you need not count and go on to the next ques	mplete the rest of th		¥Yes vered "yes,"	No provide the name	
	ephone number of each pe	_	n you are representi	ng:		
	POTY STREET MA			AND THE RESERVE OF THE PROPERTY OF THE PROPERT		
			<u> </u>			
Are you being paid for	your representation?			Yes	⊠No	
	part of your other paid dut			Yes wered "yes,"	No go on to the next	
Speaking Limits:	Public Hearing (Commo Information Hearing					

		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 answered "no" to the question, go on to the next question.)
If you that:	are bein	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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		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 _	2-6	3-10 Signature Takethan
		Print Name Tops Toppusser

Date:  $\frac{2/23/10}{}$ 

#### **CITY OF MADISON**

**Common Council** 

COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Address Please check the appropriate box: Please check the appropriate box: Wish to speak Support AND Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: Yes (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Yes No Yes Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

**Registration Statement -**

		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 a 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.
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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: 2-23-2010

#### **CITY OF MADISON**

**Common Council** 

Registration Statement -

	CONINATTEE	
Please Print		
	PLEAS	E PRINT NAME CLEARLY
	Name	Bichad Totman/Ellen Seuscre
Agenda No. 24	67 72, 122 Address	155 E. Wilsonst
	Address	
		Madicon wt
Fn support of Please check the appr	Fbgewater De-elopment ropriate box:	Please check the appropriate box:
Summont	· · · · · · · · · · · · · · · · · · ·	Wish to speak
Support	AND	Do not wish to speak
Oppose		Available to answer questions
Neither Su	pport Nor Oppose	
(If you answered "no, of who you represent o	u representing an organization or a per "STOP; you need not complete the re and go on to the next question) ephone number of each person or orga	st of this form. If you answered "yes," provide the name
Are you being paid for	your representation?	☐ Yes      No
	part of your other paid duties for this p "STOP; you need not complete the re	erson or organization?  Yes No est of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Council) Information Hearing	

		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 that:	are be	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
	1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
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	3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	-	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date		Signature
		Print Name

Date:	 2	~	23	-	1	0

Registrati	on Statement -	Common C	Council		
		COMMITTEE			
Please Print		<b>-</b> , -, -,			
		PLEASI	E PRINT NAME CLE	ARLY	1
	11 1 7 70	Name	Christop	her Ci	ulver
Agenda No. 2,	7,01,12	Address	411 Wiscon	isin A	rl
4 122			Madison	WI.	53703
Please check the app	ropriate box:		Please check t	he appropria	ite box:
Support Oppose Neither Su	pport Nor Oppos	AND	☐ Wish to spo ☐ Do not wis ☐ Available t		stions
(If you answered "no, of who you represent	" STOP; you need no and go on to the next of	nt complete the res question)	on other than yourself:  t of this form. If you ans ization you are represen	wered "yes,"	No 'provide the name
Are you being paid for	or your representation?	)		Yes	□No
Are you appearing as (If you answered "no question)			tson or organization? t of this form. If you an	Yes [] Yes swered "yes,"	☐ No " go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	.3 minutes		

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

Date: 2/23/10

Registration	on Statement - <u> </u>	<u>ommon Cour</u>	<u>icil                                    </u>		
		MMITTEE			
Please Print	÷				
		PLEASE PRI	NT NAME CLEA	ARLY	
		33	1/1/200	1	
2 <del>ss</del> /	777 127-	Name //v	Y VALENTYN		
Agenda No. 🚈 🌂 🧖	1,12,120	Address 28	51 Cross Cou	nton Cire	le
Agenda No. 2, \$ 6 In support of 6	Edgewater		51 Cross Courona, W/	0	
•	Development	. Ve	rona, W/		
Please check the app	ropriate box:		Please check the	e appropria	te box:
_					
Support			Wish to spea	ιk	
Oppose		AND	Do not wish	to speak	
			Available to	answer ques	tions
Neitner Su	pport Nor Oppose		•	٠	
A ( )1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.,.		16	□ <b>3</b> 7	
	ou representing an organizat			☐ Yes	☑ No
	"STOP; you need not com		is form. If you answ	vered "yes,"	provide the name
of who you represent	and go on to the next questi	ion)			
			.•		
Name, address and tel	lephone number of each per	rson or organization	i you are representi	ng:	
	<del></del>				
			:		
		•			
	-				
				□ <b></b> .	□ NI-
Are you being paid to	or your representation?			∐ Yes	□No
			• 0	<b></b>	□ NT.
	part of your other paid duti			Yes	☐ No
	," <b>STOP;</b> you need not con	nplete the rest of th	is form. If you ansv	verea "yes,"	go on to the next
question.)					
Speaking Limits:	Public Hearing (Commor				
	Information Hearing				
	Other Items	3 mir	nutes		
*	Approximately and the second control of				

		eted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		d "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question)
If you a that:	are bein	g 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 ne City-County Building, Madison, for more information)
Date _		Signature
		Print Name

Date: 2/23/10

# **CITY OF MADISON**

Registration Statement - Common Council

Dlanes Drive				**	
Please Print	·	PLEASE PI	RINT NAME CLEA	RLY	
Agenda No.	72,/22	Name	ynne Fai 205 Del Madisor	UKner Mar L, W	Drive 7 5370
Please check the app	ropriate box:		Please check the	appropriate	box:
Support Oppose Neither Su	pport Nor Oppos	AND	☐ Wish to speak ☐ Do not wish to ☐ Available to a	o speak	ons
(If you answered "no, of who you represent	" STOP; you need no and go on to the next	anization or a person of complete the rest of a question)  ch person or organizati	his form. If you answe	rred "yes," p	☑ No rovide the name
Are you being paid fo	or your representation	?		Yes	No
		d duties for this person ot complete the rest of		☐ Yes ered "yes," g	No go on to the next
Speaking Limits:		mmon Council)5 m			

		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 that:	are bei	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
	1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
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		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 <sub>.</sub>	2/	Signature  Print Name  ANDE M. FAIII (hear)

				Date:	
		CITY OF MAD	ISON		
Registration	on Statement -		ouncil		
		COMMITTEE			
Please Print ISU	PRONT THE EDGE	LATER PLEASE	PRINT NAME CLE	ARLY	
		Name	CRAIG 1	ARGALL	
Agenda No.	16/12	Address	EFEN 1140	E, DAYT	on ST
			MADISON		
Please check the app	ropriate box:		Please check th	he appropriate	e box:
Support Oppose Neither Support Nor Oppose  Wish to speak Do not wish to speak AND Available to answer questions					
At this meeting are yo (If you answered "no, of who you represent of	" STOP; you need no	t complete the rest	n other than yourself: of this form If you ans	☐ Yes wered "yes," p	☐ No provide the name
Name, address and tel	ephone number of eac	ch person or organiz	cation you are represent	ing:	
Are you being paid fo	r your representation?	•		Yes	<b>X</b> 0
Are you appearing as (If you answered "no, question)			son or organization? of this form. If you ans	☐ Yes swered "yes," ;	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	g	3 minutes		

		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 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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		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 .	2	123/10 Signature Maig M. Amel
		Print Name RAIG M ALGACL

Date: 2 23 (0

#### CITY OF MADISON

Common Council

**Registration Statement -**

COMMITTEE Please Print PLEASE PRINT NAME CLEARLY Please check the appropriate box: Please check the appropriate box: Support Wish to speak **AND** Do not wish to speak Oppose Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question) Name, address and telephone number of each person or organization you are representing: X Yes Are you being paid for your representation? ☐ No Are you appearing as part of your other paid duties for this person or organization? Yes 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) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes

		ected official or employe ental body?	e who is appear	ing solely on behalf of your office or for your municipality or Yes No
. • .		ed "yes" to the question ou answered "no" to the		ed not complete the rest of this form, except that you must sign to the next question.)
If you that:	are bein	ng paid for your represe	entation, or if yo	our appearance is part of other paid duties, please be advised
	1	Before you engage in I with the City Clerk.	obbying as a lot	obyist, you or your principal must file an authorization
	2	Your principal is not participal City Clerk.	permitted to auth	norize you to lobby unless you are registered with the
	3		e principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
		the City Clerk's web the City-County Building		nadison.com/clerk/index.html or go to the Clerk's Office at nore information)
Date	21	23	Signature Print Name	allen Arntsen

	CITY OF MADISON
Registration Statement -	Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name Any Supple Address 7908 Showt Aux Cacle Verenze WI
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an 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:
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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?
	nmon Council) 5 minutes 3 minutes

Date:

A r.a. 511	ou on al	leated official or amplexy	na who is annoari	ng solely on behalf of your office or for your municipality or
		mental body?	ee who is appear	Yes ☐ No
		ered "yes" to the question you answered "no" to the		ed not complete the rest of this form, except that you must sign to the next question)
If you that:	ı are be	eing paid for your repres	entation, or if yo	ur appearance is part of other paid duties, please be advised
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	2	Your principal is not City Clerk.	permitted to auth	orize you to lobby unless you are registered with the
	3.		e principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
		to the City Clerk's web f the City-County Building		nadison.com/clerk/index.html or go to the Clerk's Office at ore information)
Date		7-13° 10	Signature	
			Print Name	My Supple