

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name Larry Rodestein
Address 7318 Countrywood Ln
Madison, WI 53719

Date 7/20/10
Item Comfort Resolutions #3 19058

Support
 Oppose #3 ~~and~~ - City jobs not protected
 Neither Support or Oppose by current resolution

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

AFSCME Local 60
2033 Excelsior Dr
MADISON WI 53717

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" to both these questions, STOP. You need not complete the rest of this form.
If you answered "yes," turn over to the next question.)

Registration Statement - Page 2

Are you a public official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered "no" to the question, go on to the next questions.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No

2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No

3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 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 for
Common Council Organizational Committee

Name JOE SENSENBRENNER
Address 218 PROSPECT PLACE

Date 7/20/10
Item 3

Support OVERSIGHT RESOLUTION
 Oppose
 Neither Support or Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No
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If you answered "yes," turn over to the next question.)

Registration Statement - Page 2

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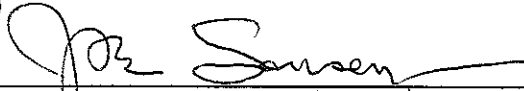
(If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form. If you answered "no" to the question, go on to the next questions.)

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- 2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 7/20/10

Signature 

Print Name JOE SAMSEN BRENNER



CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name DEIRDRE GARTON
Address 350 S. HAMILTON ST #306
MSN

Date 7/20/10
Item #3

- Support
 Oppose
 Neither *Support or Oppose*

- Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
201 STATE FOUNDATION

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization?
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form.
If you answered "yes," turn over to the next question.) Yes No

Registration Statement - Page 2

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 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 for
Common Council Organizational Committee

Name Douglas Peterson
Address 619 E Johnson St
Madison WI

Date July 20, 2010
Item 3

- Support**
 Oppose
 Neither Support or Oppose

- Wish to Speak**
 Do Not Wish to Speak
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," 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

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Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name June Boglio
Address 990 E. Dodson St.
Madison, WI

Date 7-20-2010
Item 3

Support
 Oppose
 Neither Support or Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Name, address and telephone number of each person or organization you are representing:

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Registration Statement - Page 2

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3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 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 for
Common Council Organizational Committee

Name David Lowe
Address 205 Crystal Lane
Madison WI 53714

Date 7-
Item #3 19058

- Support
 Oppose
 Neither Support or Oppose

- Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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Date _____

Signature _____

Print Name _____

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name LORI KIEF
Address 4413 Doe Crossing Tr
Madison, WI 53704

Date 7-20-10
Item No 3. Res 19058

Support
 Oppose *specifically resolve 3.d - eliminate the language*
 Neither Support or Oppose *"to the extent possible"*

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself: Yes No
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Name, address and telephone number of each person or organization you are representing:

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Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

CITY OF MADISON
Registration Statement for
Common Council Organizational Committee

Name DAVIN PICKELL Date 7/20/10
Address 17 Merrill Crest Dr. Item #3 19058
MADISON WI 53705

Support
 Oppose The Privatization of City Employees @ Overture
 Neither Support or Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

AFSCME Local 60

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" to both these questions, STOP. You need not complete the rest of this form.
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Date _____

Signature _____

Print Name _____