Date:	

You must register before the ALRC considers your item.

	(1				
•		Name	STEVE M.	XTACICI	
Agenda No. 💛	¥14	Address	3265 FERN	GLAGE RO	A.D
Required – Can be of on registration table	btained from agenda		STEVE M, 3265 FERN VEROUS, W	Z 5359	3
Please check the app	propriate boxes:				
Support Wish to Do not v Available	speak vish to speak e to answer questions		Oppose Wish to specific Do not wis Available t	eak h to speak to answer ques	tions
At this meeting are y (If you answered "n question)	you representing an organiz o, " <b>STOP;</b> you need not co	cation or a perso complete the resi	on other than yourself: t of this form If you an	☐ Yes swered "yes,"	No go on to the next
Name, address and t	elephone number of each p	erson or organi	zation you are represen	nting:	
Town	CENTER DINING, L	20	263-2500		
•	•				
Are you being paid	for your representation?			Yes Yes	☐ No
	s part of your other paid du o, " <b>STOP;</b> you need not co				☐ No ' go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items				

-	ou an e imental	elected official who is appearing solely on behalf of your office or for your municipality or other body?
		red "yes" to the question, STOP. 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, do you understand
	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 the principal is registered with the City Clerk?
	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?
		ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information)
Date _		Signature
		Print Name

Date:		

You must register before the ALRC considers your item.

Agenda No. + & Required – Can be ob on registration table.		Name	2 - F	E Weffler Wade	Christop
Please check the appro	opriate boxes:				
	peak sh to speak to answer questions			Oppose  Wish to speak Do not wish to speak Available to answer question	ns
At this meeting are yo (If you answered "no, question)	u representing an organization of the senting an organization of the senting and organization	on or a person plete the rest o	othe of this	r than yourself:	No on to the next
	ephone number of each pers	•		-	
Can	Eul braid	<del></del>	· · <del>- ·</del>		
0/-	personal last	B. Nin	Z- (	Cha	
			, .		
Are you being paid fo	r your representation?			Yes [	□ No
	part of your other paid dutie "STOP; you need not comp			organization? Yes [s form. If you answered "yes," go	No o on to the next
Speaking Limits:	Public Hearing Information Hearing		minı	ıtes	

Are you ar governmen	elected official who is appearing solely on behalf of your office or fall body?	or your mun	icipality or other No	
	vered "yes" to the question, <b>STOP</b> . You need not complete the rest of this j you answered "no" to the question, go on to the next question)	°отт, except ti	hat you must sign	
If you are that:	being paid for your representation, or if your appearance is part of other p	oaid duties, d	o you understand	
1.	Before you engage in lobbying as a lobbyist, you or your principal mu with the City Clerk?	ıst file an autl ∐"Yes	norization  No	
2.	Your principal is not permitted to authorize you to lobby unless the with the City Clerk?	principal is	registered 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	128/18 Signature Which &	200	5	
	Print Name			

Date:	9-29-10	

You must register before the ALRC considers your item.

Agenda No. 4 Required – Can be ob on registration table.	, i	Name _ Address _ _	Great of Walling	an/C Fun/ C	rde
Please check the appro	opriate boxes:				
	peak sh to speak to answer questions		Oppose Wish to spea Do not wish Available to		tions
At this meeting are yo (If you answered "no, question)	ou representing an organiza " STOP; you need not con	tion or a persor	n other than yourself: of this form If you ans	Yes wered "yes,"	☐ No go on to the next
	ephone number of each pe				(9
Are you being paid fo	r your representation?			Yes	No
	part of your other paid dut, "STOP; you need not con			☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items		minutes minutes minutes		

	tre you an elected official who is appearing solely on behalf of your office or for your municipality or other overnmental body?				
(If you answe this form. If	ered "yes" to the question, STOP. 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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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?				
(If you answ Office at Roo	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information)				
Date <u>9-2</u>	9-10 Signature Brint Name Gree Fraul (				

You must register before the ALRC considers your item.



		Name	Carl	E. Gulh	randse	<u> </u>
Agenda No. 💛	F (1)	Address	1506	WOOD	(h)	
Requited – Can be o on registration table	btained from agenda		ma	2. Gull De WOOD Lison, WI	5370	25
Please check the app	propriate boxes:					
Support Wish to Do not v Available	speak vish to speak le to answer questions		D	ose Vish to speak Oo not wish to speak vailable to answer		
At this meeting are y (If you answered "n question)	you representing an organizo, "STOP; you need not co	zation or a persomplete the re	son other than s	yourself: [] Y  If you answered "y		ie next
	elephone number of each p	<del>-</del>	-	•		
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Are you being paid	for your representation?			Y	res 🗌 No	
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Speaking Limits:	Public Hearing Information Hearing Other Items		5 minutes			

		elected official who is appearing solely on behalf of your office or for your municipality or other lodg?
		ered "yes" to the question, STOP. 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 _		Signature
		Print Name