



コスタリ8 Date: 8/2/1 CAVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Co	ouncil
Agenda No	13	PLEASE F Name Address	PRINT CLEARLY BILL White 2708 Lakeland AR
Please check	one:	AND	Please check:
X Support	· ·		Available to answer
Oppose		· / ·	questions
Neither	Support Nor Op	pose	
(If you answered "n of who you represer	nt and go on to the next q	t complete the rest of question.)	other than yourself: Yes No f this form. If you answered "yes," provide the name tion you are representing:
	And the second s		
Are you appearing a	for your representation? as part of your other paid o, " STOP; you need not		n or organization? ☐ Yes ☐ No f this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing.	•	minutes

Are you an el other government	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, 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 are being 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.	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 Signature		
	Print Name (e) un to white		



Registration Statement - Common Council					
		PLEASE	PRINT CLEARLY		
Agenda No	25	Name Address	GARY B 8401 EXC MADISON	2910r 12510r W1 5	10°C, 3717
Please check (one:	AND	Please che	ck:	
Support			✓ Availa	ble to ansv	wer
Oppose			questi	ons	
Neither S	Support Nor Opj	oose			
(If you answered "no of who you represent Name, address and to	you representing an organ or," STOP; you need not t and go on to the next quelephone number of each	complete the rest uestion.)	of this form. If you ans	swered "yes," p	□ No provide the name
	or your representation?			¥Yes	□ No
	s part of your other paid of or," STOP; you need not			Yes Yes wered "yes," g	☐ No go on to the next
Speaking Limits:	Public Hearing (Coming Information Hearing	3	· ·		

-		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, 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.)
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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 _.	8	2)11 Signature
	`.	Print Name Corr Bring

Date: 8/2/11



AVAILABLE TO ANSWER QUESTIONS FORM

Registra	tion Statement -	Common Cou	ıncil		 .
		PLEASE P	RINT CLEARLY		
		Name	lost Mu	LOX	
Agenda No\2	<u></u>	Address	BOH EX	seleic) N

Please check	one:	AND	Please chec	ck:	
Support			X Availal	ble to ans	swer
Oppose			questic	ons	
Neither	Support Nor Op	pose	i		
(If you answered "n of who you represent Name, address and t	you representing an org	ot complete the rest of to question.) The person or organization	this form. If you ans		☐ No provide the name
Are you being paid	for your representation?			Yes	☐ No
2 11	s part of your other paid o," STOP; you need no	_	_	∑Yes wered "yes,"	☐ No ' go on to the next
Speaking Limits:	Information Hearing	nmon Council)5 m ;3 m	inutes		

Are you an el other governn	nental body? Yes No
	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.)
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Date <u> </u>	Signature A A A A A A A A A A A A A A A A A A A

Date:	



Registra	tion Statement -	Common Con	uncil		
,		PLEASE P	RINT CLEARLY		
Agenda No/	3	Name	John Kot 8 Fuller	Lhe Ct.	Arrage and Allie No. of
Please check	one:	AND	Please check		
Support			X Available	e to answer	
Oppose			question	S	
Neither !	Support Nor Op	ppose			
(If you answered "n	you representing an org o," STOP; you need no t and go on to the next	ot complete the rest of		Yes No No red "yes," provide the na	:me
Name, address and t	elephone number of eac	ch person or organizati	on you are representing	કે.	
Palladio	LLC	····			
608 4	143-1965	>		10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	
Are you being paid f	for your representation?			Yes 🖄 No	
	s part of your other paid o," STOP; you need no			Yes No No red "yes," go on to the n	ext
Speaking Limits:		nmon Council)5 m			

_	e you an elected official or employee who is appearing solely on behalf of your office or for your municipality of her governmental body? Yes No				
		ed "yes" to the question, STOP. 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	8/	2/11 Signature John Kothe			



Registra	ation Statement -	Common Co	uncil		1.10.001717
Agenda No	13			ander St	
Please check	one:	AND	Please che	ck:	
Support Oppose	t		Availal questio	ble to ans	wer
At this meeting are (If you answered "r	you representing an organo," STOP; you need not and go on to the next q	nization or a person to complete the rest of		Yes wered "yes,"	□ No provide the name
Name, address and	telephone number of each	h person or organizat	tion you are represent	ting: Madi	JON
	for your representation?	duties for this person	n or organization?	☐ Yes	No No
	no," STOP; you need not				go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing.	3 n			

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality of lental 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.)
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Date	Signature Print Name Society Auxlin Vill





Registration Statement	- Common Co	ouncil	
	PLEASE	PRINT CLEARLY	
17	Name _	Kevin Page	
Agenda No	Address	1023 Williamson St #2	
		Madison WI 53703	
Please check one:	AND	Please check:	
Support Support		Available to answer	
☐ Oppose		questions	
☐ Neither Support Nor O	ppose		
At this meeting are you representing an or (If you answered "no," STOP ; you need to of who you represent and go on to the nex	not complete the rest o	other than yourself: Yes No Yes No fthis form. If you answered "yes," provide the name	
Name, address and telephone number of e	<u>-</u>	tion you are representing:	
608-469-0059			
Are you being paid for your representation?			
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question.)		n or organization? Yes No f this form. If you answered "yes," go on to the next	
Information Hearing	ommon Council)5 ing3 ing	minutes	

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
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Date	Signature
	Print Name



Registration	on Statement	Common COMMITTEE	Council	PAPE		
		PLEAS	E PRINT CL	EARLY	A	
Agenda No.	3	Name Address	- 11-1	LAND Execu	SPAF UTIVE 5371	Drive
Please check on	e:	AND		nse check:		
Support	•			Available t	to answer	
Oppose				questions		
Neither Su At this meeting are you (If you answered "no," of who you represent at Name, address and tele	'STOP; you need not on the next qu	ization or a persecomplete the rest	t of this form.	If you answeped	Yes □1	No de the name
Are you being paid for Are you appearing as pa (If you answered "no," question.) Speaking Limits:	art of your other paid d	complete the resi	t of this form.		Yes Yes Yes 'yes," gofon	No to the next
	Information Hearing Other Items		3 minutes			

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Date	@\7	Signature May 1868

Date: 8/2/11



DO NOT WISH TO SPEAK FORM

Registrati	on Statement -	COMMITTEE	ouncil	
Please Print		DIFACE		A DL V
Agenda No.	3	Name _	Actam Wink 1626 Forden A Madison, WF	ler Ne, \$103
Please check or	ne:	AND	Please chec	k:
Support			Do not	wish to speak
Oppose	,			
Neither S	upport Nor Op	pose		
(If you answered "no,	u representing an orga " STOP; you need not and go on to the next q	complete the rest of		Yes No vered "yes," provide the name
	=	-	ation you are representi	_
	der Company Iger Pd., Su UI 53713	I Inc.	(608) 258	~ \$580
Are you being paid for	your representation?			Yes No
Are you appearing as partial (If you answered "no, question.)				Yes No No vered "yes," go on to the next
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 nmental body?
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Date	Signature Print Name Adam J. Winkler