CITY OF MADISON			
Registrat	ion Statement	COMMITTEE	
Please Print Conni Agenda No. 5	ler Street Prosect	PLEASE PRINT CLEARLY Name Marting Hobi Address 1219 Spaisht 53703 Madis	Street
Please check the app	ropriate boxes:		
Support Oppose Neither Support Nor Oppose and Wish to speak Do not wish to speak Available to answer questions			
(If you answered "no		nization or a person other than yourself: complete the rest of this form. If you ansuestion.)	
Name, address and te	elephone number of each	person or organization you are represen	ting:
Are you being paid for	or your representation?		Yes No
		duties for this person or organization? complete the rest of this form. If you an.	Yes No Swered "yes," go on to the next
Speaking Limits:		mon Council) 5 minutes 3 minutes	

Date: 2/3/2016

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality other governmental body?				
		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.)		
If you are that:	e 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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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 2	/3/3	2016 Signature		
		Print Name		

	CITY	OF MADIS	ON		
Registratio	n Statement	ПЕЕ			
<u>Please Print</u>	F	PLEASE PRI	NT CLEARLY		
Agenda No			thad Stampf 19 Spaight 3 3703 Madisc		
Please check the appropriate Support Oppose Neither Sup	priate boxes: port Nor Oppose	and	Do not wish		tions
(If you answered "no," of who you represent an	representing an organization of STOP; you need not complete ad go on to the next question.) The phone number of each person of the next person of	e the rest of t	this form. If you ans	wered "yes,"	☐ No provide the name
Are you being paid for y	your representation?			☐ Yes	□No
	art of your other paid duties for STOP; you need not complete	-	•	Yes wered "yes,"	No go on to the next
	Public Hearing (Common Cou Information Hearing				

Date: 2/3/2016

Other Items......3 minutes

	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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Date	Signature	
	Print Name	

Date: $\frac{2/3/16}{}$

CITY OF MADISON

Registration Statement -Please Print PLEASE PRINT CLEARLY Agenda No. 5 (Tenific St Recon.) Please check the appropriate boxes: Support I support changes recommended and Oppose by MNA for traffic calming, and Oppose Maintaining tree canopy & undergrounding Neither Support Nor Oppose high voltage wires. 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: (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 Πo 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

	elected 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.)				
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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				

CITY OF MADISON **Registration Statement -**COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. Address Please check the appropriate boxes: and Wish to speak Support Do not wish to speak Oppose Carlain asp 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 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.)

Date: Feb 3 16

Public Hearing (Common Council) 5 minutes Information Hearing...... 3 minutes Other Items...... 3 minutes

Speaking Limits:

Are you an electorher governme	ntal body?	who is appearing	g solely on behalf of your of	fice or for you Yes	r municipality or
	d "yes" to the question, a answered "no" to the q		l not complete the rest of this the next question.)	form, except th	hat you must sign
that:			r appearance is part of other		
	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	If your principal spends period (half year), the remainder of the calendar	or will owe mo principal must t ir year?	re than \$1,000 for lobbying settle expense statements with	the City Cler	reporting k for the
(Please go to Room 103 of th	the City Clerk's websit e City-County Building,	te <u>www.cityofmo</u> Madison, for mo	<u>adison.com/clerk/index.html</u> o re information.)	r go to the (Clerk's Office at
Date		Signature			
		Print Name			MAN A No. of the No.
1			,		•

	Date:
	CITY OF MADISON
Registration Statement -	- REW
registration otatement	COMMITTEE
Agenda No. St. St. St.	PLEASE PRINT CLEARLY Name Address 854 This is a second of the second
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name to question.)
Name, address and telephone number of ea	ach 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 nation.)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
	ommon Council) 5 minutes

Other Items......3 minutes

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?
,	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

Date: $\frac{\partial}{\partial x} / \frac{3}{2} / \frac{16}{2}$

CITY OF MADISON

Registration Statement -Please Print PLEASE PRINT CLEARLY Agenda No. Address Please check the appropriate boxes: 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 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 elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental 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				

	CITY OF MADISON
Registration Statement -	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. <u>5</u>	Name Address Address Madusein
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 org (If you answered "no," STOP; 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:
Marquette Neigh	bytesed Association

Date: 3 Feb 2016

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

Are you being paid for your representation?

question.)

Speaking Limits:

Are you appearing as part of your other paid duties for this person or organization?

		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, 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.)
If you a that:	re bein	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 City-County Building, Madison, for more information.)
Date	3	Signature Signature

		Date:
		Board of Estimates
Registra	tion Statement -	COMMITTEE ESTINATES
Please Print		PLEASE PRINT CLEARLY
Agenda No		Name Mike Engel Address 826 Senifer St Madison W1 53703
Please check the app	propriate boxes:	
SupportOpposeNeither S	upport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "n		anization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and t	elephone number of eac	ch person or organization you are representing:
Are you being paid:	for your representation?	Yes 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
Speaking Limits:	Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes

3:30

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?			
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Date	Signature		
	Print Name		

Date: 3 3 30 60

CITY OF MADISON

Registration Statement -

Please Print PLEASE PRINT CLEARLY Agenda No. Address Please check the appropriate boxes: Wish to speak and Support 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 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 elected official or employee 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 question.)				
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Date	Signature			
	Print Name			

CITY OF MADISON

Registration Statement - Boommittee Please Print PLEASE PRINT CLEARLY Agenda No. Please check the appropriate boxes: 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 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: 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.) Townson South Sout Public Hearing (Common Council) 5 minutes Speaking Limits: Information Hearing....... 3 minutes Other Items...... 3 minutes

(SEE BACK)

•	relected official or employee who is appearing solely on behalf of your office or for your municipality or remental 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.)
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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
	Print Name

Date: 2 3 14

CITY OF MADISON

Registration Statement	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name <u>DENNIS</u> CHANDLER Address <u>1044</u> JENIFER
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," STOP ; you need to of who you represent and go on to the nex	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.) each person or organization you are representing:
Are you being paid for your representation	n? Yes Wo
	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 Heari	ommon Council) 5 minutes ng 3 minutes 3 minutes

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Date	Signature	
	Print Name	

	Date: 2.3.16
	CITY OF MADISON
Registration Statement -	COMMITTEE
Please Print Agenda No.	PLEASE PRINT CLEARLY Name Address Address
Please check the appropriate boxes:	
SupportOpposeNeither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
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Are you appearing as part of your other pai (If you answered "no," STOP ; you need n 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 nex
Information Hearin	mmon Council) 5 minutes g 3 minutes 3 minutes

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Date	Signature	
	Print Name	