Date: 3/20/07

CITY OF MADISON

Registration Statem	ent - Common Council committee	
Please Print	PLEASE PRINT CLEA	RLY
Agenda No. 21 05380	Name LA	NCE MGRATH N. HAMILTON St.
Please check the appropriate boxes: Support Oppose	and	Wish to speak Do not wish to speak 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:		
Are you being paid for your represent	ntation?	☐ Yes ☐ No
		If you answered "yes," go on to the next
Information I	ng (Common Council) 5 minutes Hearing 3 minutes 3 minutes	

	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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.)
If you are be 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	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: 3 20 07

CITY OF MADISON

Registration Statement -	Common Council
	COMMITTEE
Please Print 05380	PLEASE PRINT CLEARLY,
	Name Hill while
Agenda No. 🔍 🚶	Address 2708 Lake land Ave
Union Cornors TIF	
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
	anization or a person other than yourself:
Name, address and telephone number of eac	ch person or organization you are representing:
Uni	on Corners LLC
	5-3976
Are you being paid for your representation?	☐¥es ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP ; you need no question)	I duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

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, 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 bei 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.
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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 S	Signature WWA WWW.
Date 3	Print Name Wm F Wm He

Date: 3-20-07

CITY OF MADISON

 Registration Statement	Common Council COMMITTEE
Please Print 05380	PLEASE PRINT CLEARLY
Agenda No. #2/ Union Conser	Name LOSEMARY LET Address II W WILSON ST # 108 MANESON 53702
Please check the appropriate boxes: Support Oppose 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 que Name, address and telephone number of each	nization or a person other than yourself: Yes Wood You complete the rest of this form. If you answered "yes," provide the name uestion.)
 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)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	医牙术性病 医乳腺 化二氯甲基磺胺甲基二甲基甲基二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲

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? 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)
If you are be that:	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.
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?
	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: 3 - 20 - 07
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
<u>Please Print</u>	PLEASE PRINT CLEARLY
	Maislas Rumme
Agenda No.	Address 1339 Ruffeler St
05380	Name Marsha Rummel Address 1339 Ruffedge St Madum WI 53703
Please check the appropriate boxes:	
∑ Support	and ☐ Wish to speak
Oppose Neither Support Nor Oppos	☐ Do not wish to speak☐ Available to answer questions
If you answered "no," STOP; you need no of who you represent and go on to the next o	anization or a person other than yourself: Yes No st complete the rest of this form. If you answered "yes," provide the name question.) The 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 no question)	d 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 (Cor Information Hearing Other Items	g 3 minutes

医乳腺性 医甲基甲基 医多二氏病 医动物	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	Print Name