	Date: 11-21-06
	CITY OF MADISON
Registration Statement	Common Council
	COMMITTEE.
Please Print 04661	PLEASE PRINT CLEARLY
	Name ROSEMARY LEE Address IIL W WILSON ST #108
Agenda No. #32	Address IIL W WILSON ST #108
	MADISON 53703
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organify you answered "no," STOP ; you need not of who you represent and go on to the next questions.	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n 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 not uestion)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
	vered "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 b that:	eing 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?	
. –	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 21 NOV. 2006

Registration Statement	Common Council
	· COMMITTEE · 한 시간으로 그리고 있는 것이 되고 있는 것이 하는 것이 되고 있다. 나는 것이 되는 것이 없는 것이었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없
Please Print 04661	PLEASE PRINT CLEARLY
	도마를 된 기를 즐겁지 않는 데 말하다 <u>면</u> 이 별 수 있다. 하는 말 하는 말
	Name Caitlyn Pisarski
Agenda No.	Address 1602 Hoyt St. #2
	Madison, WI 53726
Please check the appropriate boxes:	
	and Wish to speak
Support Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ	nization 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," provide the name
of who you represent and go on to the next qu	uestion)
Name, address and telephone number of each	person or organization you are representing:
PAVE (Promoting Awa	archess victim Empowerment)
States + accordent	ina ca ada-as
Shorter organizati	
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
	mon Council)5 minutes 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 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 beinthat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
	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.
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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 <u>21 N</u> (OV-2006 Signature Coutlyn Proass. Print Name Caitlyn Pisays 61

	Bail.
	CITY OF MADISON
Registration Statement	Common Council
Please Print OH 661	PLEASE PRINT CLEARLY
Agenda No. 82	Name VOUCE AASEN Address 4501 HAMMERSLESP RID - MADISON 53711
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 organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	nization or a person other than yourself: \[\sum \text{Yes} \ \sum \text{No} \] complete the rest of this form. If you answered "yes," provide the name uestion.)
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

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

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

question)

Speaking Limits:

	n elected official or empronental body?	oloyee who is appearin	g solely on behalf of your office or for your municipality or Yes No
		stion, STOP. You need the question, go on to	not complete the rest of this form, except that you must sign the next question)
If you are that:	being paid for your re	presentation, or if you	r appearance is part of other paid duties, please be advised
1.	Before you engage with the City Clerk		yist, you or your principal must file an authorization
2.	Your principal is City Clerk	not permitted to author	rize you to lobby unless you are registered with the
3.		, the principal must fi	e than \$1,000 for lobbying services in any reporting le expense statements with the City Clerk for the
	The state of the s	website <u>www.cityofmac</u> ding, Madison, for mor	dison.com/clerk/index.html or go to the Clerk's Office at e information)
Date <u>[[</u>	1.21.6	Signature _	Voyce Aasm Joyce AASEN
		Print Name	JOYCE AASEN

Date: 21-NOV-2006

Registration Statement -	Common Council
	는다. COMMITTEE 를 통하면 하고 있다는 사람들이 되었다. 하는 것은 사람들이 되었다. 하는 것은 사람들이 사람들이 되었다. 하는 사람들이 들어 하를 즐겁는 것을 보고 하는 것들이 되어 보는 것이 되었다. 그는 것은 사람들이 되었다.
Please Print OHale	PLEASE PRINT CLEARLY
	Name ABIGAIL SCOTT
Agenda No. 82	Address 801 MINAKWA DRIVE
	MADISON, WI 5371)
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of	anization or a person other than yourself: \[\sum \text{Yes} \sum \text{No} \] It complete the rest of this form If you answered "yes," provide the name question)
Name, address and telephone number of each	ch 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 No ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 bethat:	eing 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?
	to 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
	\mathbf{r}_{i} . The \mathbf{r}_{i} is \mathbf{r}_{i} . Print Name

	Bate: <u>- </u>
	CITY OF MADISON
Registration Statement	- Common Council
	COMMITTEE
Please Print OH 661	PLEASE PRINT CLEARLY
	Name they the
Agenda No.	Address
	에 발생되었다는 것 같습니다. 그는 그는 그는 그들은 사람들이 되었다는 것이 되었다. 하는 것 같은 것 같습니다.
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppo	ose i i i i i i i i i i i i i i i i i i i
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	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name t question)
Name, address and telephone number of e	ach person or organization you are representing:
1110	
Are you being paid for your representation	n?
Are you appearing as part of your other pa (If you answered "no," STOP ; you need a question)	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
Speaking Limits: Public Hearing (Confirmation Hearing) Other Items	ommon Council) 5 minutes ng 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	vered "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 l that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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: 1(21/06

Registration Statement	Common Council COMMITTEE
Please Print 04661	PLEASE PRINT CLEARLY
Agenda No.	Name & hi (G Ci () Co () Address () 20 0. () () () () () () () () () (
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 quantity	nization or a person other than yourself: \(\sum \) Yes \(\sum \) No complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and telephone number of each	n 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 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
	mon Council) 5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to 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: 1/2/

Registration Statement	Common Council COMMITTEE
Please Print OH66	PLEASE PRINT CLEARLY
07	Name Michael Wiet
Agenda No.	Address 533 W Main #188
	Madison 53703
Please check the appropriate boxes: Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
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 qu	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and telephone number of each	n 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 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
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "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 b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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_	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

				Date:	
	Cl	TY OF MADISON			
Registration St	atement - Co	ommon Counc	:		
Please Print 이나(ohi	PLEASE PRINT	CLEARLY		
7.7				eders	
Agenda No. 8		Name B Address S	adison,	dahl	16d. 53704
Please check the appropriate	boxes:				
Support Oppose Neither Support	Nor Oppose	and	☐ Wish to spea☐ Do not wish☐ Available to	to speak	ons
At this meeting are you repre (If you answered "no," STO of who you represent and go	P; you need not com	plete the rest of this	than yourself: form If you ansy	☐ Yes vered "yes," p	No rovide the name
Name, address and telephone	number of each pers	on or organization	you are represent	ing:	
Are you being paid for your r	epresentation?			Yes	□No
Are you appearing as part of (If you answered "no," STO question)	your other paid dutie P; you need not com	s for this person or o plete the rest of this	organization? form If you ans	☐ Yes wered "yes," g	□ No go on to the next
Inforr	Hearing (Common nation Hearing Items	3 minu	tes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
	vered "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 t that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information)
Date	Signature
	Print Name

		Date:	14/0b
	CITY OF MADISON		
Registration Statement -	Common Council		
	COMMITTEE		
Please Print O4661	PLEASE PRINT CLEARLY		
	Name Awards	Hourris	gton
Agenda No	Address 15 E. GWW	un st =	Azf
			53703
Please check the appropriate boxes:			
Support		o speak wish to speal	
OpposeNeither Support Nor Oppose	Availa	ble to answer	
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," provide the name of who you represent and go on to the next question)			
Name, address and telephone number of each	ch person or organization you are repr	esenting:	
mysut			
Are you being paid for your representation?		□х	es No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)		· · · · · · · · · · · · · · · · · · ·	es No ves," go on to the next
그 사람들은 그를 보고 있다면 하는 것이 되었다. 그는 그들은 그는 그를 보고 있다.	mmon Council) 5 minutes 3 minutes		

Other Items 3 minutes

	elected official or er mental body?	nployee who is appear	ing solely on behalf of your office or for your municipality or ☐ Yes ☐√No
		uestion, STOP. You ned to the question, go on	ed not complete the rest of this form, except that you must sign to the next question)
If you are be that:	eing paid for your	epresentation, or if yo	our appearance is part of other paid duties, please be advised
1.	Before you enga with the City Cle		obyist, you or your principal must file an authorization
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk		
3.		r), the principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
(Please go t Room 103 of	o the City Clerk's the City-County Bu	website <u>www.cityofm</u> ilding, Madison, for m	nadison.com/clerk/index.html or go to the Clerk's Office at ore information.)
Date 11/2	1/66	Signature	444
		Print Name	formula Harrington

Date:		12	10	0	
A 10 TO 10	-	4 4 4 4 5	1		

Registra	tion Statement -	Common Council COMMITTEE
Please Print	04661	PLEASE PRINT CLEARLY
Agenda No.	2	Name Erica Schroyer Address 1905 Winnebago St. #1 Madison, WF 53704
Please check the app	propriate boxes:	
Support Oppose Neither S	upport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions e
(If you answered "n	you representing an orga o," STOP; you need no t and go on to the next q	anization or a person other than yourself: \[\sum \text{Yes} \sum \text{No} \] t 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
		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
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "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 I hat:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Please go Room 103 d	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 11/21/06

Registration Statement -	Common Council
	COMMITTEE
Please Print OH661	PLEASE PRINT CLEARLY
	Name Lawa Donn
Agenda No.	Address 132 Breese Terrace
Please check the appropriate boxes:	
	and 🗖 Wish to speak
Support Oppose	Do not wish to speak
Neither Support Nor Oppos	Available to answer questions
At this meeting are you representing an orga	nnization or a person other than yourself: XYes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
of who you represent and go on to the next of	question)
	살고 얼마를 하는 살으로 보면 되는 그러워 하는 것 같아. 얼마를 하는 것 같아.
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ROOSEVELT INSTITUTIO	n UW Campus (608) 217-0600
PAUF ON TIFFE	n UW Campus (608)217-0600 174-Ste 203 3/00mmy la 6,16 800
TAVE ME TOTAL	6010g
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)	I duties for this person or organization? Yes No or complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con	nmon Council) 5 minutes
Information Hearing	g
Other Items	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)
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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	21/06 Signature

Date: 1//21/06

Registration Statement	Common Council
	COMMITTEE
Please Print Ollia	
Please Print 04661	PLEASE PRINT CLEARLY
	Name AngelA RosE
Agenda No.	
Agenua IV.	
	Chicago, 16 60647
	상존 보고 발표를 보고 있는 사람들은 경우를 보고 말을 보고 있다.
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ	nization or a person other than yourself: Yes No
(If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
of who you represent that go on to the next qu	
Name, address and telephone number of each	person or organization you are representing:
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The continued of	014 9163314 - 611 - 61
One Tittany	Sareness. Victim Empowerment Dint Bloomingdale, 1660108
7,1.758	PANE (7) 83)
314 130	
Are you being paid for your representation?	☐ Yes ☐ No
	duties for this person or organization?
Are you appearing as part of your other paid of	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
question)	complete the rest of this form if you unstream you, go on to the new
	mon Council)5 minutes
Information Hearing Other Items	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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)
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	to 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
	${f Print Name}$