Date: 10.2.07

1	Registration Statement -	Common Council			
	Please Print 06496	PLEASE PRINT CLEARLY			
		Name Nauce Chusun			
	Agenda No.	Address 702 (1) Aigh Pt. #28			
		Markison WI 53717			
	Please check the appropriate boxes:				
: `\	Support	and Wish to speak			
*	Oppose	Do not wish to speak			
	Neither Support Nor Oppos	Available to answer questions			
	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 eac	ch person or organization you are representing:			
	Aractment Sissoc. A				
	702 11. High PA				
	Madeson WI				
	Are you being paid for your representation?	☐ Yes ☐ Xo			
	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			
		nmon Council) 5 minutes 3 minutes			
		3 minutes			

Are you an ele	ected 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 unangue unang
If you are bein that:	ng 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
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 he City-County Building, Madison, for more information)
Date //	1.207 Signature Mally January
	Print Name Nakey V Tensen

Date: 012 200-

Registrati	on Statement -	Common Council
Please Print	0(0496	
		PLEASE PRINT CLEARLY
	Name Club & Rink	
Agenda No.		Address 10) Dedin
		Madisa Life
Please check the appr	opriate boxes:	
Support		and Wish to speak
Oppose		and Wish to speak Do not wish to speak
	pport Nor Oppos	Available to answer questions
		anization or a person other than yourself: Yes V No to complete the rest of this form. If you answered "yes," provide the name
	and go on to the next of	
Name, address and te	lephone number of eac	ch person or organization you are representing:
Are you being paid fo	r your representation?	Yes No
		d duties for this person or organization? Yes No No to the next
question)		
Speaking Limits:	Public Hearing (Con	nmon Council) 5 minutes
opeaking Limits.	Information Hearing	
	Other Items	

and the first of the second of	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 both	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name

Date: 10/2/07

Registration Statement	Common Council COMMITTEE
Please Print 06496 Agenda No. 40	PLEASE PRINT CLEARLY Name Lise Swar Ch Address 818 S. Governmon Rol. #4 Marchson, WI 53719
	nization or a person other than yourself: \[\sum \text{Yes} \text{No} \] 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 of	
Speaking Limits: Public Hearing (Comr Information Hearing Other Items	mon Council) 5 minutes 3 minutes 3 minutes

	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 b that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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?
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Date	Signature
	. The state of the

Date: $\frac{\sqrt{\partial/2}}{\sqrt{\partial 7}}$

Registration S	tatement - C	ommon Co	ouncil		· · · · · · · · · · · · · · · · · · ·
	cc	OMMITTEE		•	
Please Print	06496	PLEASE	PRINT NAME C	CLEARLY	
Agenda No.		NameAddress	Dorvid 16 N Mad	Sparer Carroll Lison	
Please check the appropria	te box:		Please che	ck the appropriat	te box:
Support Oppose Neither Support	Nor Oppose	AND		o speak wish to speak ble to answer ques	tions
At this meeting are you represent and go	P; you need not com	iplete the rest o	other than yourse f this form. If you	elf: Yes answered "yes,"	No provide the name
Name, address and telephone	e number of each per	rson or organiza	ation you are repre	esenting:	
Are you being paid for your	representation?			Yes	☐ No
Are you appearing as part of (If you answered "no," STO question)	your other paid duti P; you need not con	es for this personplete the rest o	on or organization of this form If you	? Yes u answered "yes,"	No go on to the next
Infor	c Hearing (Commor	3			

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?	
		ed "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: $ \mathcal{O} $ 2
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print 06496 Agenda No. 40	PLEASE PRINT CLEARLY Name Address 2908 Late (and Av
Please check the appropriate boxes:	
Support✓ OpposeNeither 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	complete the rest of this form. If you answered "yes," provide the name
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 (If you answered "no," STOP; you need not question)	duties for this person or organization?

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

Speaking Limits:

	elected 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