| | | | | Date: | 6-6-06 |
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| | | CITY OF MA | DISON | | |
| Registration | Statement | Common C | ouncil | | |
| Please Print O Agenda No. 10 Sick lea | 3847 we | PLEASE I Name Address | PRINT CLEARLY Marsha Ru 1339 Ruth Madison | nnel edge St | - # 2 |
| Please check the appropri Support Oppose Neither Supp | ate boxes: ort Nor Oppose | | and Wish to. Do not w | speak | ık |
| At this meeting are you re (If you answered "no," S of who you represent and | TOP; you need not d | complete the rest | | | |
| Name, address and teleph | | | | enting: | |
| 426 | ow Bookstor W Gilman | St 53 | 703 | | |
| | 257-6050 | | | | |
| Are you being paid for yo | our representation? | | | | Yes 🛛 No |
| Are you appearing as part (If you answered "no," S question) | | | | | |
| In | ublic Hearing (Comn formation Hearing | | 5 minutes 3 minutes 3 minutes | | |

| Are you an el other governr | lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? |
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| | 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: | 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. |
| 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: 6/6/2006

CITY OF MADISON

| Registration Statement - | Common Council |
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| | 마음·COMMITTEE : 사용도를 보고 있는 사용하게 되는 것으로 보고 있는 것은 사용을 받는 것으로 가장 하는 것이다. 물리로 들어보고 있는 것을 받는 것으로 보고 있는 것으로 보고 있다. |
| Please Print | |
| 0384 | PLEASE PRINT CLEARLY |
| | Name Ollo Ra Newton |
| Agenda No. /D | Name Delo Ra Newton Address Lots E Washington The |
| | Madwin 5373 |
| | |
| Please check the appropriate boxes: | 는 사람, 나는 그 전 경기에 가는 것이 되었습니다. 그는 사람들이 되었습니다. 그는 것이 되었습니다. 사용한 것이 있는 것이 되었습니다. 그 것이 하는 것이 되었습니다. 그는 것이 되었습니다. |
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| Support | and Wish to speak Do not wish to speak |
| Oppose Neither Support Nor Oppos | Available to answer questions |
| Therefore Support Not Oppos | |
| At this meeting are you representing an org | |
| | ot complete the rest of this form. If you answered "yes," provide the name |
| of who you represent and go on to the next | question) |
| | ch person or organization you are representing: |
| Greated madeson c | homber of Monmelle |
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| Are you being paid for your representation? | Zerian de la Normania de la Vesta de Normania de la Normania de la Vesta de la Normania de la Normania de la Vesta de la Normania de la Normania de la Normania de la Normania del Normania de la Normania del Normania de la Normania de la Normania del Normania de la Normania del Normania de la Normania del Normania del Normania del Normania del Normania de la Normania del Normania del Normania de la Normania del Normania d |
| Are you appearing as part of your other paid | d duties for this person or organization? 4 Yes \(\text{No} \) |
| | ot complete the rest of this form. If you answered "yes," go on to the next |
| question) | |
| Speaking Limits: Public Hearing (Cor | nmon Council) 5 minutes |
| Information Hearing | |
| Other Items | The base of the control of the contr |

| Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? | | | |
|---|--|--|--|
| (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) | | | |
| If you are being p that: | paid for your representation, or if your appearance is part of other paid duties, please be advised | | |
| l Be wit | fore you engage in lobbying as a lobbyist, you or your principal must file an authorization the City Clerk. | | |
| 2 Yo Cit | ur principal is not permitted to authorize you to lobby unless you are registered with the y Clerk. | | |
| per | your principal spends or will owe more than \$1,000 for lobbying services in any reporting iod (half year), the principal must file expense statements with the City Clerk for the nainder of the calendar year? | | |
| (Please go to the Room 103 of the C | City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ity-County Building, Madison, for more information.) | | |
| Date <u>Whil</u> | 2006 Signature Wella | | |
| | Print Name Oloka Newton | | |

| 일본 시간을 받았는데 모든 것 같 | | | | Date: | |
|---|--|-----------------|---|---|--------------------------|
| | C | ITY OF MA | DISON | | |
| Registration | The state of the s | Common C | ouncil | | |
| Please Print Agenda No. | 03847 | | | NEITZ | EC |
| Please check the appropriate | te boxes: | | | | |
| Support Oppose Neither Suppo | rt Nor Oppose | | and Wish Do no Avail | to speak it wish to speak able to answer ques | stions |
| At this meeting are you rep (If you answered "no," ST of who you represent and g | OP; you need not com | nplete the rest | on other than your of this form. If yo | self: XYes u answered "yes," | ☐ No provide the name |
| Name, address and telepho | ne number of each per | rson or organi | zation you are rep | resenting: | |
| DOWNTOWN | MADISON | INC. | | | |
| | | | | | |
| Are you being paid for you | r representation? | | | ☐ Yes | ⊠No |
| Are you appearing as part of (If you answered "no," ST question) | | | | | |
| Info | olic Hearing (Common formation Hearing er Items | | 3 minutes | | |

| Are you an e other governi | lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
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| | 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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| Date | Signature |
| | Print Name |

| | Date: 00 06-90 | + 1++ |
|---|--|----------------------|
| | CITY OF MADISON | |
| Registration Statement | Common Council COMMITTEE | |
| Please Print 03847 | PLEASE PRINT CLEARLY | |
| | Name ROSEMAPY LOE | . 3. 1-3., 1-1 |
| Agenda No. 10 | Address 11 W WILSON #108 | |
| | MADISON 53703 | |
| 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 | complete the rest of this form. If you answered "yes," provide the nar | me |
| 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 of | duties for this person or organization? | |

(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:

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? |
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| | wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign f you answered "no" to the question, go on to the next question) |
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