Date:	Nov 6	2007	

CITY OF MADISON

Registration Statement	Common Council
·	COMMITTEE
Please Print 07639	PLEASE PRINT NAME CLEARLY
Agenda No. <u>3</u>	Name Pan Rewey Address 5522 Comanche Way Madison, UI 53704
Please check the appropriate box:	Please check the appropriate box:
Support - Child Care Oppose 3 m housing trust Neither Support Nor Oppose	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	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

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or numerical body? Yes No
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.)
If you are that:	being 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 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: ///6/2007

CITY OF MADISON

Registration Statement -	Common Council COMMITTEE
Please Print 0 7639	PLEASE PRINT NAME CLEARLY
	Name <u>Carol Riemel</u>
Agenda No3	Address 2769 Marshall Phwy.
	Madison, W1 53713
Please check the appropriate box:	Please check the appropriate box:
Support	Wish to speak ☐ Do not wish to speak
Oppose Neither Support Nor Oppose	Available to answer questions
of who you represent and go on to the next q Name, address and telephone number of each	t complete the rest of this form. If you answered "yes," provide the name usestion) h person or organization you are representing:
League of Women Voter. 27/2 Marshall Court,	M_{1}
232-9447	
Are you being paid for your representation?	
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

Are you an eleother governm	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:	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	Signature
	Print Name

	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print 07639 Agenda No.	PLEASE PRINT NAME CLEARLY Name WILLIAM PROWE Address 2010 FLKA LA # 2
Please check the appropriate box:	Please check the appropriate box:
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 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 of (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)
SPEND ENOUG LISTENING TO PERMITS!	OFFICERS DO NOT OH TIME SPEAKING/ CITIZENS WHEN TIME

Date: _

	REGISTRATION STATEMENT - PAGE 2
	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	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
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?
(Please go Room 103 oj	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 William PROWE

Date:	yanne.	100	b	*	<i>07</i>		

CITY OF MADISON

Registrati	on Statement -		
		COMMITTEE	
Please Print	7639	PLEASE PRINT NAME CLEARLY	
0	·	Name Deloka Newth	
Agenda No. 2		Address 415 Ewashinston the	
		Madison	
Please check the app	ropriate box:	Please check the appropriate box:	
Support		AND Wish to speak Do not wish to speak	
Oppose		Available to answer questions	
X Neither Su	pport Nor Oppos	se	
	" STOP; you need no	ganization of a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the question)	he name
Name, address and tel	ephone number of each	sch person or organization you are representing:	
		Ó	
Are you being paid fo	r your representation?	? Yes \(\sum \text{No} \)	
		id 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	

	ernmental body?
	swered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question)
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	to to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 8 of the City-County Building, Madison, for more information)
Date/	1/6/07 Signature (1/6/07)
	Print Name JAJAKA, JULIA TIL