

Date: Nov 6, 2007

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

07639

PLEASE PRINT NAME CLEARLY

Name Pam Rewey

Address 5522 Comanche Way
Madison, WI 53704

Agenda No. 3

Please check the appropriate box:

Please check the appropriate box:

- Support - *Child Care & Fair Housing*
- Oppose - *3M housing trust*
- Neither Support Nor Oppose

AND

- Wish to speak
- Do not wish to speak
- 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 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 question.)

Speaking Limits: Public Hearing (Common Council)5 minutes
Information Hearing3 minutes
Other Items3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

*(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 paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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 to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 11/6/2007

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

07639

PLEASE PRINT NAME CLEARLY

Name Carol Kiemel

Address 2769 Marshall Pkwy.

Madison, WI 53713

Agenda No. 3

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak
- Do not wish to speak
- 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 each person or organization you are representing:

League of Women Voters of Dane County

2712 Marshall Court, Madison

232-9447

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 question.)

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Public Hearing (Common Council)..... 5 minutes

Information Hearing..... 3 minutes

Other Items 3 minutes

(SEE BACK)

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Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

07639

PLEASE PRINT NAME CLEARLY

Name WILLIAM P. ROWE

Address 2010 ELKA LA # 2

MADISON WI 53704

Agenda No. 3

Please check the appropriate box:

- Support
- Oppose
- Neither Support Nor Oppose

AND

Please check the appropriate box:

- Wish to speak
- Do not wish to speak
- Available to answer questions

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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
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CONCERN THAT OFFICERS DO NOT SPEND ENOUGH TIME SPEAKING/ LISTENING TO CITIZENS WHEN TIME PERMITS!

(SEE BACK)

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Date 11/05/07

Signature William P Rowe
Print Name WILLIAM P ROWE

Date: 11-6-07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

07639

PLEASE PRINT NAME CLEARLY

Name

Delora Newton

Address

615 E Washington Ave
Madison

Agenda No. 3

Please check the appropriate box:

Support

Oppose

Neither Support Nor Oppose

AND

Please check the appropriate box:

Wish to speak

Do not wish to speak

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 each person or organization you are representing:

Greater Madison Chapter of Commerce

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 question)

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Date 11/6/07

Signature 
Print Name Delora Newton