Date:	 -[4	-06	

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

You must register before the Council considers your item.

Please Print						
		PLE	EASE PR	INT CLEARLY	Λ	
Amendment No. 📆	3/	0.240 ⁰ Nai	me	Marsh Ru	nnel	
Amendment No.	10/	० २.५०७ Add	dress	1339 Ruthe	le 87 #2	
Amendment No.	13/	02410		Madison W	53703	
Amendment No.	26/	02424				
Amendment No.	132+38	02430	2436			
Please check the appr Support Oppose	opriate boxes:		an	Do not wi	sh to speak	
	pport Nor Oppo	se		Available	to answer que	stions
At this meeting are you (If you answered "no, of who you represent	" STOP; you need nand go on to the next	ot complete the question (ie rest of	this form. If you an	swered "yes,"	☑ No provide the name
Name, address and tel	ephone number of ea	ach person or o	organizat	tion you are represe	nting:	
					·.	
Are you being paid fo	r your representation	?			☐ Yes	□No
Are you appearing as (If you answered "no, question.)					Yes aswered "yes,"	☐ No ' go on to the next
Speaking Limits:	Public Hearing (Co Information Hearin					

REGISTRATION STATEMENT - PAGE 2

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 bei that:	ng 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?
,	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:	- 11	14	do				
5 5 5 5 5 5 T				_			_

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

You must register before the Council considers your item.

Please Print		DIEACE		ADLV		
Amendment No. 1	02398		PRINT CLE			
		Name	JUSCHA	Robinson		
Amendment No. 10		Address	2007	Jenifer S	S3	to4
Amendment No. 13	,					
Amendment No. 26 -	02424					
Amendment No. <u>35 -</u>	02428					
Please check the approp Support	riate boxes:		and 🔲	Wish to spea		
Oppose Neither Supi	port Nor Oppose			Do not wish Available to	~	stions
of who you represent an	STOP; you need not com d go on to the next questi shone number of each per	on)				provide inc name
Are you being paid for y	our representation?				☐ Yes	□ No
	rt of your other paid dution <i>STOP;</i> you need not com				Yes yered "yes,"	☐ No ' go on to the next
I	Public Hearing (Common nformation Hearing Other Items	*********	3 minutes			

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

	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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Date	Signature
	Print Name

Date: 11 Nov O6

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

You must register before the Council considers your item.

Please Print					
		PLEASE PRI	NT CLEARLY		
Amendment No.	1-02398	Name	Steve H	evice	
Amendment No.		Address	7007 10	niter	
Amendment No. /	3-02410		53704		
Amendment No.	26-02424				
Amendment No.	30-02428				
Please check the app	propriate boxes:				
Support Oppose Neither S	upport Nor Oppose	and	Do not wis		stions
(If you answered "n of who you represen	you representing an organ o, "STOP; you need not o t and go on to the next que elephone number of each	complete the rest of t estion)	this form. If you ans		☑ No provide the name
					· · · · · · · · · · · · · · · · · · ·
Are you being paid	for your representation?			Yes	□ No
	s part of your other paid of o," STOP; you need not	_	· -	☐ Yes swered "yes,'	☐ No go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing. Other Items		inutes		

REGISTRATION STATEMENT - PAGE 2

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