

Date: 9/5/06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Name Patricia Rogeberg
Address 1726 Golden Oak La
Madison, WI 53711

03761
Agenda No. 62

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 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 Hearing..... 3 minutes
Other Items..... 3 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

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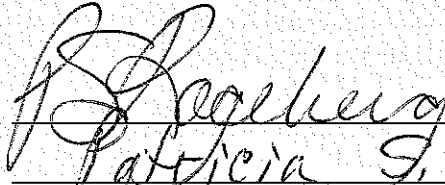
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2. Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3. If your principal spends or will owe more than \$1,000 for lobbying services 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 9/5/06

Signature

Print Name


Patricia J. Rogeberg

Date: 5 Sep 06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

03761

Agenda No. 62

PLEASE PRINT CLEARLY

Name

Jim Regeberg

Address

1726 Golden Oak Ln.

Madison WI 53711

Please check the appropriate boxes:



Support



Oppose



Neither Support Nor Oppose

and



Wish to speak



Do not wish to speak



Available to answer questions

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☐ Yes

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Date

5 Sept 06

Signature



Print Name

Jim Rogeberg

Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

03761

Agenda No. 02

PLEASE PRINT CLEARLY

Name

TOM CRYLEN

Address

246 BK BEAR TRAIL
CARY, IL 60013

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 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:

LAURA CRYLEN (DAUGHTER)
601 MENDOTA COURT #804
MADISON, IL 53703

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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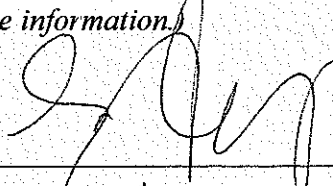
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Signature

Print Name



Thomas Crylen