City of Madison Registration Statement – Equal Opportunities Commission

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Agenda No. #4	(Leg.12596)	Name Addres	Thuy s Alde	Pham 1, Di	- Ke	mmele 20
			Opp Opp Opp Opp	hes was to come wish to speak wailable to answ	MCONG Abl Ph Sked M eak chen er questions	an-Jensm 1 to this nge fliss BGZ
At this meeting are yo (If you answered "no, question.)	ou representing an orga " STOP; you need no	nization or a pe t complete the r	rson other than			No n to the next
	ephone number of each	:\ A	4	,		
Are you being paid for	r your representation?				Yes 🔀	No
Are you appearing as (If you answered "no, question)	part of your other paid "STOP; you need not	duties for this p	erson or organizest of this form.		Yes Yes," go o	
Speaking Limits:	Public Hearing Information Hearing					

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No						cipality or other No	
		ed "yes" to the question, u answered "no" to the q			est of this for	m, except th	aat you must sign
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	1.	Before you engage in lo with the City Clerk?	bbying as a lob	byist, you or your pri	incipal must	file an auth ☐ Yes	orization □ No
	2	Your principal is not pewith the City Clerk?	ermitted to autl	norize you to lobby u	ınless the pr	incipal is re	egistered No
	3	If your principal spends period (calendar quarter the remaining quarters o), the principal	must file expense sta			
		ed "no" to any of the las 103 of the City-County E				6-4601 or s	go to the Clerk's
Date _	3/1	2/09	Signature Print Name	- Pho	enn f	form	-Remme/e

Date: $\frac{3}{12}/09$

City of Madison Registration Statement – Equal Opportunities Commission

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Agenda No. <u>半</u> 4((Leg. 12596)	Name Address	Facy f 22 State	farba	201
Please check the appro	opriate boxes:				. "
	peak sh to speak to answer questions	X	Oppose Wish to spea Do not wish Available to	ak to speak answer quest	tions
At this meeting are yo (If you answered "no, question.)	ou representing an organization of the compact of t	on or a person of the contract	her than yourself: his form. If you ans	Yes wered "yes,"	☐ No go on to the next
Name, address and tel	ephone number of each person	on or organizatio	n you are representi	ng:	
1223100					
Are you being paid for	r your representation?			Yes	☐ No
Are you appearing as a (If you answered "no, question.)	part of your other paid duties " STOP; you need not comp	s for this person of the state of the rest of the state of the rest of the state of	or organization? his form. If you answ	Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 mi	nutes		

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
(If you answe this form If ;	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, do you understand
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 the principal is registered with the City Clerk?
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
(If you answ Office at Roo	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: $\frac{3}{12}$

City of Madison Registration Statement – Equal Opportunities Commission

Please Print						
Agenda No. #4	(Leg. 12596)	•	Marisha V Katherii			
Please check the app	ropriate boxes:					
Available	rish to speak e to answer questions	-	Do Av	ish to speak o not wish to vailable to a	o speak nswer quest	
At this meeting are y (If you answered "no question)	ou representing an organization, "STOP; you need not comp	on or a persor plete the rest o	n other than y of this form.	ourself: If you answe	Yes eved "yes,"	No go on to the next
Name, address and te	elephone number of each pers	son or organiza	ation you are	representin	g:	
<u>KUKKI TUNA NITIO</u>						
Are you being paid for	or your representation?				Yes	No No
Are you appearing as (If you answered "no question.)	s part of your other paid dutie o," STOP; you need not com	s for this perso plete the rest o	on or organiz of this form. I	ation? If you answe	Yes ered "yes,"	No go on to the next
Speaking Limits:	Public Hearing Information Hearing					

Are you an e governmental		ppearing solel	y on behalf of your office or	r for your mun	icipality or other No
	red "yes" to the question ou answered "no" to the		eed not complete the rest of thing to the next question (is form, except i	hat you must sign
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1	Before you engage in l with the City Clerk?	obbying as a lo	bbyist, you or your principal r	must file an aut	horization No
2	Your principal is not p with the City Clerk?	permitted to au	thorize you to lobby unless th	he principal is	registered No
3.		er), the principa	more than \$500 for lobbying and must file expense statements year?		
			ons, please call the City Clerk ison, for more information)	at 266-4601 or	go to the Clerk's
Date 3 12 0) <u>9</u>	Signature Print Name	marisha Ash		

Date: $\frac{3}{12}/09$

City of Madison Registration Statement – Equal Opportunities Commission

Please Piini								
Agenda No. <u></u> 半4((Leg. 12596)		Name Address	<u>ROE</u> 146	oln Bere Jacks	NSON) ON St.		
Please check the appro	opriate boxes:			a				
	peak sh to speak to answer questions				Oppose Wish to specific Do not wish Available to	eak h to speak o answer que	stions	
At this meeting are yo (If you answered "no, question.)	ou representing an orga " STOP; you need no	nnization t complet	or a perso te the res	on othe t of this	r than yourself: s form If you ans	☐ Yes swered "yes,"	∏ No " go on to t	he next
Name, address and tel	ephone number of eac	h person	or organi	zation	you are represent	ting:		
Are you being paid for	r your representation?					Yes	No	
Are you appearing as y (If you answered "no, question.)	part of your other paid " STOP; you need no	l duties fo t complet	or this per te the rest	rson or t of this	organization? s form If you ans	☐ Yes wered "yes,'	No gó on to t	he next
Speaking Limits:	Public Hearing Information Hearing							

Are you ar governmen	elected official who is appearing solely on behalf of your office or for your municipality or other al 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)
If you are that:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand
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(If you ansv Office at Ro	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information)
Date	12/09 Signature ROBIN BOTTONSON Print Name ROBIN BEVENSON

City of Madison Registration Statement – Equal Opportunities Commission

Please Print				, ,	
Agenda No. <u>半</u> 4	(Leg. 12596)	Name Address	1129 M	Gilbert.	Rd I 53711
Please check the appro	opriate boxes:				
	peak sh to speak to answer questions		□ D	ose Vish to speak to not wish to speak vailable to answer que	estions
At this meeting are yo (If you answered "no, question.)	ou representing an orga	mization or a pers t complete the res	on other than y	yourself: Yes If you answered "yes,	No on to the next
Name, address and tel	ephone number of each	h person or organ			£
PSRB	ouly n	upelf			
Are you being paid for	r your representation?			Yes	☐ No
Are you appearing as (If you answered "no, question.)	part of your other paid "STOP; you need not	duties for this pe t complete the res	rson or organiz t of this form	zation? Yes If you answered "yes,	☐ No " go on to the next
Speaking Limits:	Public Hearing Information Hearing				

Are you a	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	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 that:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand
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	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

City of Madison Registration Statement – Equal Opportunities Commission

Please Print			_		
Agenda No. #4	(Leg. 12596)	Name	MARY O'S Pls Martin Pm 225	Johnell Luthenk Madis	ing dr Blod
Please check the app	propriate boxes:				
	speak vish to speak e to answer questions		Oppose Wish to specific Do not wish Available to	ak i to speak o answer quest	ions
At this meeting are y (If you answered "no question.)	ou representing an organize, "STOP; you need not co	zation or a person o omplete the rest of	other than yourself: this form. If you ans	☐ Yes wered "yes,"	☐ No go on to the next
Name, address and to	elephone number of each p	oerson or organizati	on you are represent	ing:	
Are you being paid f	or your representation?			☑ Yes	☐ No
Are you appearing as (If you answered "no question.)	s part of your other paid du o, " STOP; you need not co	ities for this person omplete the rest of	or organization? this form. If you ans	Yes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing Information Hearing	.,5 m	ninutes		

	ou an e imental	lected official who is appearing solely on behalf of your office or for your municipality or other body?
(If you this for	answer rm If yo	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 that:	are bein	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
	1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
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(If you Office	answer at Roon	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information)
Date _	3/	Signature Man Co' Ponio /

City of Madison Registration Statement – Equal Opportunities Commission

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Agenda No. 💥 4	(Leg. 12596)	Name V	Val 1 1614 Mad	ter Verburg 1 vendy Ln. dison, WI
Please check the appr	opriate boxes:			
	peak ish to speak to answer questions			Oppose Wish to speak Do not wish to speak Available to answer questions
At this meeting are yo (If you answered "no question)	ou representing an organic," STOP; you need not c	zation or a person complete the rest of	other t f this f	than yourself: Yes No No form If you answered "yes," go on to the nex
Name, address and te	lephone number of each p	person or organiza	tion yo	ou are representing:
Are you being paid fo	or your representation?			☐ Yes ☐ No
Are you appearing as (If you answered "no question.)	part of your other paid do," STOP; you need not c	uties for this perso complete the rest of	n or oi f this fe	organization?
Speaking Limits:	Public Hearing Information Hearing Other Items	5 1	ninute	es

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?				
(If you answer this form. If yo	ed "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 being paid for your representation, or if your appearance is part of other paid duties, do you understand that:				
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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information)				
Date	Signature			
	Print Name			

City of Madison Registration Statement – Equal Opportunities Commission

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Agenda No. 💥 4	(Leg. 12596)	Name Address	BILL	CLWC	WAS CO
Please check the appr	opriate boxes:				
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At this meeting are you (If you answered "no, question)	ou representing an organiza," STOP; you need not con	tion or a person nplete the rest	n other than you of this form. If y	ırself:	
Name, address and tel	lephone number of each pe	rson or organi	zation you are re	epresenting:	118(11)
	JMMNN174	<u> </u>	1067	<u> </u>	((08(0)
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Speaking Limits:	Public Hearing Information Hearing Other Items	Бородиникан прифуффит и ния	5 minutes		

Are you ar	elected official who is appearing solely on behalf of your office or for your municipality or other al body? Yes No
	vered "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
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City of Madison Registration Statement – Equal Opportunities Commission

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Agenda No. <u>半</u> 4	(Leg. 12596)	NameAddress	1att Vell 5738 K nadison	ran modes wi	5-
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Speaking Limits:	Public Hearing Information Hearing				

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Date	Signature
	Print Name