

Date: 6/21/05
01484

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

Agenda No. 6

Name DANIEL JAFFEE
Address 514 EVERGREEN AVE.
MADISON, WI 53704

Please check the appropriate boxes:



Support

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



Oppose

- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

MADISON FAIR TRADE ACTION ALLIANCE (90 WFTC)
3129 HERMINA, MADISON 53714
(608) 243-9533

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..... 5 minutes
Information Hearing..... 5 minutes
Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official 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, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
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? Yes No

(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 _____

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Agenda No. 6

Name CARLOS ARZENA
Address 106 LANSING ST
MADISON, WI 53714

Please check the appropriate boxes:

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

- Oppose**
 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

WISCONSIN COORDINATING COUNCIL ON NICARAGUA (WCCN)
122 STATE ST. SUITE 507A
MADISON, WI 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.)

Speaking Limits: Public Hearing 5 minutes
Information Hearing 5 minutes
Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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Date 6/21/05

Signature Luis Carlos Arenas

Print Name ~~ES~~ CARLOS ARENAS

Date: 6-21-05
01484

City of Madison
Registration Statement - Common Council

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PRINT NAME CLEARLY

Agenda No. 6

Name Carol Bracewell
Address 13 Farley Ave
Madison 53705

Please check the appropriate boxes:

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

Oppose
 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," 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..... 5 minutes
Information Hearing..... 5 minutes
Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

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Signature _____

Print Name _____

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City of Madison
Registration Statement - Common Council

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Agenda No. #6

Name ANDREW GUSSERT
Address 3129 HERMINA
MADISON WI 53714

Please check the appropriate boxes:

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

- Oppose**
 - 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

WISC. FAIR TRADE COALITION
3129 HERMINA
MADISON WI 53714

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 5 minutes
Information Hearing 5 minutes
Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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

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If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
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Date

6/21/05

Signature

Andrew Gussert

Print Name

ANDREW GUSSERT

Date: 6/21/05
01484

City of Madison Registration Statement - Common Council

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Please Print

Agenda No. 6

Name Michael Quieto
Address 533 W. Main #108
Madison WI 53703

Please check the appropriate boxes:

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

- Oppose**
- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Teaching Assistants' Association / AFT #3220
254 W. Gilman St
Madison, WI 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.)

Speaking Limits: Public Hearing 5 minutes
Information Hearing 5 minutes
Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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Signature _____

Print Name _____

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01484

**City of Madison
Registration Statement - Common Council**

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Please Print

PRINT NAME CLEARLY

Agenda No. <u>6</u> <u>cafta</u>

Name Marsha Rummel
Address 1618 Jenifer St
~~1618 Jenifer St~~ Madison 53704

Please check the appropriate boxes:

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

- Oppose**
 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," 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 5 minutes
Information Hearing 5 minutes
Other Items 3 minutes

(See Back)

Registration Statement - Page 2

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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? Yes No

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Signature _____

Print Name _____

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01484

City of Madison Registration Statement - Common Council

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Please Print

PRINT NAME CLEARLY

Agenda No. 6

Name LIANA DALTON

Address 218 S. CHARTER ST

MADISON, WI 53705

Please check the appropriate boxes:

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

- Oppose**
- 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," 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.....5 minutes
- Information Hearing.....5 minutes
- Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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Signature _____

Print Name _____

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01484

City of Madison Registration Statement - Common Council

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Please Print

PRINT NAME CLEARLY

Agenda No. 6

Name Jim Gibson
Address 904 Teifer St. #3
Madison, WI 53703

Please check the appropriate boxes:

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

Oppose
 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:
Madison - Arcatao Sister City Project

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..... 5 minutes
Information Hearing..... 5 minutes
Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

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Signature _____

Print Name _____

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01484

**City of Madison
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PRINT NAME CLEARLY

Agenda No. 6

Name Thomas Kozlowski
Address 1639 Florence
Madison, WI 53705

Please check the appropriate boxes:

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

Oppose
 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," 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

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Speaking Limits: Public Hearing.....5 minutes
Information Hearing.....5 minutes
Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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Print Name _____

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01484

**City of Madison
Registration Statement - Common Council**

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Please Print

Agenda No. 6

Name Elizabeth Walker
Address 525 East Mifflin St. #8
Madison, WI 53703

Please check the appropriate boxes:

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

- Oppose**
 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," 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

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Speaking Limits: Public Hearing..... 5 minutes
Information Hearing..... 5 minutes
Other Items..... 3 minutes

(See Back)

Registration Statement - Page 2

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Signature _____

Print Name _____

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**City of Madison
Registration Statement - Common Council**

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Agenda No. 6

Name Ryan Richardson
Address 537 W. Doty
Madison, WI 53703

Please check the appropriate boxes:



Support

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



Oppose

- 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
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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

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Speaking Limits: Public Hearing..... 5 minutes
Information Hearing..... 5 minutes
Other Items 3 minutes

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Registration Statement - Page 2

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Signature _____

Print Name _____

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**City of Madison
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Please Print

PRINT NAME CLEARLY

Agenda No. # 6

Name Tamara D. Shapiro
Address 122 N. Bassett St.
Madison, WI 53703

Please check the appropriate boxes:

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

Oppose
 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," 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
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Speaking Limits: Public Hearing 5 minutes
Information Hearing 5 minutes
Other Items 3 minutes

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Print Name _____

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Agenda No. 6

Name Jesse Van Tol

Address 537 W. Doty

Please check the appropriate boxes:



Support

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



Oppose

- 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," 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

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Speaking Limits:

Public Hearing	5 minutes
Information Hearing	5 minutes
Other Items	3 minutes

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PRINT NAME CLEARLY

Agenda No. 6

Name Ruth Castel-Branco
Address 537 W. Doty

Please check the appropriate boxes:

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

- Oppose**
- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

STUDENT LABOR ACTION COALITION

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.....5 minutes
Information Hearing.....5 minutes
Other Items.....3 minutes

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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 _____

Date: 21 junio, 2005
01484

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

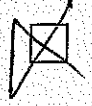
Please Print

PRINT NAME CLEARLY

Agenda No. 6
CAFTA

Name Bert G. Zipperer
Address 1337 Temple St
Madison 053703

Please check the appropriate boxes:



Support

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



Oppose

- 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," 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.....5 minutes
Information Hearing.....5 minutes
Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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

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Date _____

Signature _____

Print Name _____

Date: 6/21/05
01484

**City of Madison
Registration Statement - Common Council**

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. 6

Name April Sansum
Address 1220 Drake St
Madison, WI 53715

Please check the appropriate boxes:

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

- Oppose**
 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," go on to the next question.)

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(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 06/27/05

01484

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. 6

Name Jorge Mario Garcia Sierra
Address 311 N. Pleasant St. # 4
Cambridge, WI 53523

Please check the appropriate boxes:

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

- Oppose**
- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

WORT 89.9FM 118 S. Bedford St. Madison, WI 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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Other Items.....3 minutes

(See Back)

Registration Statement - Page 2

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Signature _____

Print Name _____

Date: 6/21/05
01484

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. 6

Name Erik Eriksson
Address 305 S. Segoe Rd.
Madison, WI 53705

Please check the appropriate boxes:

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

- Oppose**
- 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
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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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(See Back)

Registration Statement - Page 2

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Date _____

Signature _____

Print Name _____

Date: 6/21/05
01484

City of Madison
Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

Agenda No. 6

Name NICOLE BERIGAN
Address 209 N BALDWIN
MADISON

Please check the appropriate boxes:

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

- Oppose**
 - 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," 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

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(See Back)

Registration Statement - Page 2

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01484

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. 6

Name Josh Healey
Address 122 N Bassett St
Madison 53703

Please check the appropriate boxes:

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

Oppose
 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

~~Student Labor Action Coalition~~

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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Information Hearing..... 5 minutes
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(See Back)

Registration Statement - Page 2

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Date 6/21/05

Signature 
Print Name Susan L. Healey