	Date:
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	
Trease Time	PLEASE PRINT CLEARLY
	Name File Polls
Agenda No.	
Agenda No	Address C/S E Day 1 5 H1
Please check the appropriate boxes:	
✓ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q	nization or a person other than yourself:
Name, address and telephone number of each	h person or organization you are representing:
Neiskoorhood Sic	eine Connte
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question.)	duties for this person or organization?

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes

Other Items.....3 minutes

Speaking Limits:

Are you an el other governn	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 be that:	ing 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?
•	o 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: 6-3-08
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 39 No. AMM. UTONS) 09981	Name OSEMARY LEE Address III W WILSON ST MADISON WE 53703
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	and \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
	non Council) 5 minutes 3 minutes

	ou an elected official or employee who is appearing solely on behalf of your office or for your municipality or governmental body? Yes No
	answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign rm. If you answered "no" to the question, go on to the next question)
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•	e go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 103 of the City-County Building, Madison, for more information.)
•	
Date _	Signature
	Print Name

Date: 6308

CITY OF MADISON

Registration Statement	- Common Council COMMITTEE
Please Print Agenda No. 37	PLEASE PRINT-GLEARLY Name Address 2708 hakeland five Madish
(If you answered "no," STOP ; you need not who you represent and go on to the next	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation	?
Are you appearing as part of your other pa	
	ommon Council) 5 minutes 1g 3 minutes 2 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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, –	to 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	6/3/08 Signature WW F () MA

Date:	10-3	-0	195		
Date.	-(2)				

CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Harris PLEASE PRINT CLEARLY, Mark School Sch
	Name HIL HEES
Agenda No.	Address 12 N. BUTLER, #60
09981	MADISON 53703
Please check the appropriate boxes:	음료를 보고 있는 것은 경기로 가장하는 사람이 하는 것이 모르고 있다. 공료 - 경기 기계
Flease check inc appropriate toxes.	
⊠ Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppos	e de la companya de
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP ; you need no question)	I duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

Are you an elother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Room 103 of t	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 <u> </u>	Print Name Print Name Print Name

	Date: 6-3-08
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print Agenda No. 39	PLEASE PRINT CLEARLY Name DAND KAUL Address US & BAWER POAS
Please check the appropriate boxes:	
SupportOpposeNeither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
301 N HAMILZUA	
Are you being paid for your representation?	∑Yes □ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
question)	
	mon Council) 5 minutes 3 minutes

=	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	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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	to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at of the City-County Building, Madison, for more information.) Signature Print Name DAID KAUL
	Print Name DAID KAUL

Date: 06,09,00

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print 09981 Agenda No. 301 N. HAMILTM S	PLEASE PRINT NAME CLEARLY Name EP FEEE Address 145 E. BADGER RD. MADISM, WI. 53713
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Op	AND Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," STOP ; you need of who you represent and go on to the	
	of each person or organization you are representing:
McBRIDE PROJ MOCKSMI, DUSC	const i
Are you being paid for your representation	tion? Yes \(\sum \text{No}\)
Are you appearing as part of your othe (If you answered "no," STOP ; you ne question.)	r paid duties for this person or organization? Yes No ed not complete the rest of this form. If you answered "yes," go on to the next
Information He	(Common Council) 5 minutes earing 3 minutes

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(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)

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

Date 06.03,085

Signature

Print Name