Date: 1/19/06

Registration Statement -	COMMON COUNCIL
Please Print	
02363	PLEASE PRINT CLEARLY
	Name GARNESTWE MOSS
Agenda No. <u>13</u>	Address 2/0/ Post Rd # 106
	Fitchburg WIS3713
	4
Please check the appropriate boxes:	
∑ Support	and Wish to speak If I'M bock
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
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At this meeting are you representing an organ	nization or a person other than yourself:  Yes No complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	
Name address and talent are small at the	
name, address and telephone number of each	n 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 complete the rest of this form. If you answered "yes," go on to the next
question)	complete the rest of this form if you unswered yes, go on to the next
Speaking Limits: Public Hearing (Com- Information Hearing	mon Council) 5 minutes 3 minutes
Other Items	

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  \[ \sum Yes \sum \] No
	red "yes" to the question, <b>STOP.</b> 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 betthat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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
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Date: 1/7/6

Yes

#### CITY OF MADISON

Registration Statement -COMMON COUNCIL COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. Please check the appropriate boxes: Wish to speak Support and Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: Yes (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

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

Are you appearing as part of your other paid duties for this person or organization?

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

question.)

Speaking Limits:

	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, <b>STOP.</b> 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

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Registra	tion Statement -	COMMON	COUNCIL		
		COMMITTEE			
Please Print					
	02365	The contract of the contract o	PRINT CLEARLY	<b>A</b>	
	12	Name	Marsha Rumme	1	
Agenda No.		Address	1339 Ruthely	c St # Z	
<u> </u>	amend		Marshe Rumme 1339 Rathedy Madison WI	53703	
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Oppose				answer ques	tions
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	Information Hearing	na esperante de la composition de la c La composition de la	3 minutes		

Are you an elother governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Date	Signature
	Print Name

	Date: 1/16/06
	CITY OF MADISON
Registration Statement	COMMON COUNCIL COMMITTEE
Please Print 02363	PLEASE PRINT CLEARLY
Agenda No. 02363 (#13)	Name JUSCUA ROBINSON Address 2007 JENIFER ST
Please check the appropriate boxes:	
<ul><li>☑ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	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," <b>STOP</b> ; 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	a 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

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

question)

Speaking Limits:

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
	wered "yes" to the question, <b>STOP.</b> 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:	1	17	106			
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Registration Statement	COMMON COUNCIL COMMITTEE
Please Print 02363	PLEASE PRINT CLEARLY
	Name SATTA PHODES-COWLY
Agenda No. 15	Address 2642 HOARD ST
	MADESON WI 53701
Please check the appropriate boxes:	1
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 organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the narestion)
Name, address and telephone number of each	person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
	luties for this person or organization?
	non Council)5 minutes
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	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, <b>STOP.</b> 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
	and the state of the

Date: 11766

Registra	tion Statement -	COMMON COUNCIL
		COMMITTEE
Please Print	01263	
	02363	PLEASE PRINT CLEARLY
		Name LISA Subeck
Agenda No.	3	Address 818 S. Cammon #4 Medison 3719
		110000 (3719
Please check the app	propriate boxes:	하는 모든 모든을 보면한 물로 내려면 말을 보고 있을 때 없는 모든데
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At this meeting are	you representing an orga	anization or a person other than yourself: Yes Ho
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		duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
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Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes
	Other Items	

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Date	Signature	
	Print Name	

Date: 1/17/06

Registration Statement	COMMON COUNCIL
Please Print (0.23/23	
	PLEASE PRINT CLEARLY
	Name //W/W/ Jeusey
Agenda No.	Address 702 North Ligh Dt. Rd
	Mcd: SM (DT 532/7
Please check the appropriate boxes:	본 보통한 사진 전 하고 보고 보는 요즘 모양을 하는 것이다.
	and Wish to speak
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At this meeting are you representing an organ	nization or a person other than yourself: Yes No
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of who you represent and go on to the next qu	<b>uestion.)</b> De la visita de la companya de la co
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702 North High Pa	WKC
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Are you being paid for your representation?	☐ Yes      Yoo
Are you appearing as part of your other paid	duties for this person or organization?
(If you answered "no," <b>STOP</b> ; you need not	complete the rest of this form. If you answered "yes," go on to the next
question)	
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	3 minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality	
other governmental body?	y or
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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 Offic Room 103 of the City-County Building, Madison, for more information)	e at
Date 1/17/06 Signature Much June	
Print Name Name Teasen	