Date: 1/17/06

Registration Statement -	COMMON COUNCIL
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	Name Phil Salkin
Agenda No. 12	Address 127 W Mg/9
	Address 127 W Marg
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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
(If you answered "no," STOP; you need not of who you represent and go on to the next q	
name, address and telephone number of each	n person or organization you are representing:
RASCW	
4801 Forest Run	
4801 Forest Run Madison	
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? Yes No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	mon Council) 5 minutes
Information Hearing	
Other Items	minutes

and the second s	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, 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, 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?
, .	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/_	17/06 Signature July Alken Print Name Phil Salkin

Date: 1/17/06

CITY OF MADISON

Registration Statement - COMMON COUNCIL

	COMMITTEE		
Please Print			
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	Name	RAMONA 1	NATERIA
Agenda No.	Address	850 MIN	1AMSON S7, #30
		MADISON,	NATERA 1AMSON ST, #30 W1 S3703
Please check the appropriate boxes:			
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☑ Support	ar	nd Wish to speak	
Oppose		Do not wish to Available to an	
Neither Support Nor Oppose		☐ Avanable to an	swer questions
At this meeting are you representing an organ	nization or a person	other than yourself:	☐ Yes ☐ No
(If you answered "no," STOP; you need not	complete the rest of		ed "yes," provide the name
of who you represent and go on to the next qu	uestion)		
Name, address and telephone number of each	ı person or organiza	tion you are representing	
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)			☐ Yes ☐ No red "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items		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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Date	Signature
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	Date:
	CITY OF MADISON
Registration Statement	COMMON COUNCIL COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Marcha Rummel Address 1339 Rutledge St # 2 Madron W 53703
Agenda No. 12	Address 1339 Rutlege St # 2
12 repent	Madwan W 53703
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 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	person or organization you are representing:
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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
Speaking Limits: Public Hearing (Comm	non Council)5 minutes

Information Hearing 3 minutes
Other Items 3 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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Date: 1-17-06

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		Name <u>C</u> A	rl Aniker 10 Allied Adison Wi.	
Agenda No		Address 24	10 Allied	Dr. Hy
		<u>m</u> .	Adison Wi.	53711
Please check the approp	riate boxes:			
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Oppose			Do not wish to spea	ık
Neither Sup	port Nor Oppose		Available to answer	r questions
	nd go on to the next quest phone number of each pe		ι you are representing:	
Are you being paid for	your representation?			Yes No
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Date: _	1/11/	06	<u> </u>

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		Addiess		-	110x		3711
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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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 1 17/06

Registra	uon Statement	COMMITTEE	UNCIL		
Please Print					
		PLEASE PRIN	IT CLEARLY		
		Name	15a Su	rbeck	
Agenda No		Address	818 5.	Camp	1001 HU UT 5311
			Mad	1500, L	W 53/K
Please check the app	propriate boxes:				
Support		and	Wish to s	peak ish to speak	
Oppose			☐ `Do not w	ish to speak	
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Date	Signature
	Print Name

Date: 1/11/06

Registration Statement -	COMMON COUNCIL
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name MARIANNE MORTON
Agenda No. # 12	Address 610 SCHILLER CT.
Please check the appropriate boxes:	
☐ Support	and Wish to speak
Oppose Repeal of/	Do not wish to speak
Oppose Repeal of /Z Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ	nization or a person other than yourself:
(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 q	uestion)
Name, address and telephone number of each	n person or organization you are representing:
Common 1	Wealth Development
	illiamson St.
Madism	
phi# 256-3	527
Are you being paid for your representation?	
Are you appearing as part of your other paid	
(If you answered "no," STOP ; you need not question)	complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes
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Are you an eleother governm	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)		
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1.	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/_	17/06 Signature Marians MORTON Print Name MARIANNE MORTON		

Date: 1(17/06

Registration Statement	COMMON COUNCIL COMMITTEE
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Agenda No. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Name Wendy Cooper Address 5210 South Hill brive
	Madison W1 53705
Please check the appropriate boxes:	
Support	and ☑ Wish to speak ☐ Do not wish to speak
	Available to answer questions
	nization or a person other than yourself: Yes No
of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name uestion)
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 (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
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	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

Date: 17 de enerro, 7006

rtegistration o	COMMITTEE		
Please Print			
	PLEASE P	RINT CLEARLY	
	Name	Dert 4	pperer
Agenda No.	Address	1337 Jen	ife St.
		Madison	$4, \omega$
Please check the appropriate	boxes:		53/63
Support	2	and Wish to speak	
Oppose		Do not wish to	
Neither Support	Nor Onnose	Available to an	swer questions
At this meeting are you repre	esenting an organization or a person		Yes No
(If you answered "no," STO	P ; you need not complete the rest	of this form. If you answere	ed "yes," provide the name
of who you represent and go	on to the next question)		
Name address and telephone	e number of each person or organiz	ration volumes representing	
rvame, address and telephone	; number of each person of organiz	ation you are representing.	
Are you being paid for your	representation?		☐ Yes ☐ No
Are you appearing as part of	your other paid duties for this pers	son or organization?	☐ Yes ☐ No
	P ; you need not complete the rest		
Speaking Limits: Publi	c Hearing (Common Council)5	s minutes	
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	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?	
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Date	Signature	
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Date: 1/17/06

Registration	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	OMMON MMITTEE	COUNCIL
Please Print			
		PLEASE	PRINT CLEARLY
		Name	SATYA PHONES-CONNAY
Agenda No. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Address	2642 HONCO ST
			MADISON WIE 53704
Please check the appropr	iate boxes:		
			and [X] Wish to speak
Support			and Wish to speak Do not wish to speak
Oppose Neither Sunr	ort Nor Oppose		Available to answer questions
At this meeting are you in	epresenting an organization	ion or a personlete the resu	on other than yourself: Yes No t of this form If you answered "yes," provide the nam
	d go on to the next questi		
Name, address and telep	hone number of each pers	son or organi	ization you are representing:
Are you being paid for y	our representation?		☐ Yes ☐ No
Are you appearing as par	t of your other paid dutie	es for this per	rson or organization?
			t of this form. If you answered "yes," go on to the nex
	ublic Hearing (Common		
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• • • •	cted official or employee who is appearing solely on behalf of your office or for your municipality or	
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question)	
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Date	Signature	
	Print Name	

Date:	1/17	

CITY OF MADISON

Registration Statement -	- COMMON COUNCIL COMMITTEE
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Agenda No.	Name ANNY Heidt Address 108 5. Mills
	Address
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Oppose	Do not wish to speak
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Are you being paid for your representation	? ☐ Yes ☑Ño
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question)	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
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Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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)
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Date	Signature
	Print Name

Date: 1/17/2006

CITY OF MADISON

COMMON COUNCIL

Registration Statement -

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

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
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Date	Signature	
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Date: 01 - 17 - 06

Registration Statement	- COMMON COUNCIL
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	Name Tatum Grevon
Agenda No.	- Address 4605 Thupsfor love #2
	Madison, WE 53711
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✓ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Opp	ose Available to answer questions
	rganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question)
Name, address and telephone number of	each person or organization you are representing:
Acoen 2349 allied	2 dr. #12Le
Are you being paid for your representatio	n? ☐ Yes ☑ No
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	aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (C	Common Council) 5 minutes
Information Heari	ng 3 minutes
Other Items	3 minutes

Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?	
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	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	
	\mathbf{Print} \mathbf{Name}	

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Date: 1,17,06

Registration Statement -	COMMON COUNCIL
Please Print	물론자 항상 경험 등 경험 등 기업을 받는 것 같아. 다른 것 같아.
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Agenda No.	Address
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Please check the appropriate boxes:	
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At this meeting are you representing an orga	nization or a person other than yourself: Yes No
	t complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	uesnon)
Name, address and telephone number of each	h person or organization you are representing:
- 보통 등 보기 보기 있다. 그는 그 등 등 등 등 하는 것 	
Are you being paid for your representation?	☐ Yes ☐ No
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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.)	compose no real of this form if you miswered yes, go on to the next
Speaking Limits: Public Hearing (Com	mon Council) 5 minutes
Information Hearing	anon Country and Infinite

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 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.	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?	
	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	Signature	
	to the control of the	

Date: //17/06

Registration Statement -	COMMON COUNCIL COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
72	Name // JUSEN
Agenda No.	Address 182 North High Hoine Fa.
	Modison, WI 53717
Please check the appropriate boxes:	ĊŨĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ
X Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppos	e Available to answer questions
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
Modison WI	v EC
Are you being paid for your representation?	☐ Yes N o
Are you appearing as part of your other paid (If you answered "no," STOP ; you need not question.)	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

Δre vou an el	ected official or employee who is appearing solely on behalf of your office or for your municipality or	
other governm		
	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 bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised	
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	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 <u>///</u> 7	7/16 Signature Mucy June	
	Print Name NUM () VEUSCU	

Date: 1/17/06

Registra	tion Statement -	COMMON COUNCIL	
Please Print			
		PLEASE PRINT CLEARLY	
		Name CARNESTINE MISS	
Agenda No/	2	Name EARNESTINE MASS Address 2/0/ Post Rd, # 106	
		Fitchburg, WI 537/3	7
			<u> </u>
Please check the app	propriate boxes:		
Support		and Wish to speak	
Oppose	I to the same of t	Do not wish to speak	
_	upport Nor Oppos	Available to answer questions	
		anization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the	อ ทศเทอ
	at and go on to the next of		s name
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name, address and i	elephone number of eac	ch person or organization you are representing:	
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Are you being paid	for your representation?	Yes No	
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Speaking Limits:		nmon Council) 5 minutes 3 minutes	
	Other Items		

	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, 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, please be advised	
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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?	
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 1-17-05

Registration Statement	COMMON COUNCIL
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Kyan Spangles
Agenda No.	Address US 12. Bedford St.
	Welson, 1027
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
The interest support not oppose	
	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 qu	uestion)
Name, address and telephone number of each	n person or organization you are representing:
A.C. D. P.N ASSOU	access of commune
Organzaluous to	5 Reform Dow
2849 Alled Dr #	
2501 Nouse Pl	
Are you being paid for your representation?	☐ Yes 🕅 No
	등 하는 생각 보호하는 한 학생들 기원은 다른 것으로 들었다.
	duties for this person or organization? Yes No
question)	complete the rest of this form. If you answered "yes," go on to the next
	연락에 전혀하는 학자를 받았는데 얼마를 모르는데 다른 사람들이다.
	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? Yes No	
	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, please be advised	
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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 fithe City-County Building, Madison, for more information)	
Date	Signature	
	Print Name	

Date: 1-17-06

and the contract of the contra	OMMON COUNCIL
Please Print	MITTEE PLEASE PRINT CLEARLY
Agenda No. [2	Name Willie Streeter Address 2305 Carling #7
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 (If you answered "no," STOP; you need not compof who you represent and go on to the next question	lete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each person W//// E S+vee+ex	
Willie Streeter 2349 allied	
Are you being paid for your representation?	☐ Yes ☐∕No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not comp question)	s for this person or organization? Yes No No lete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Common Comm	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)
If you are b that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 fifthe City-County Building, Madison, for more information.)
Date	Signature
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Date: /	-/7	-06		

Registration Statem	ent - COMMON COUNCIL
	СОММПТЕЕ
Please Print	
	PLEASE PRINT CLEARLY
	Name DUANE L. DAHL JR.
Agenda No	Address 1906 CAMERON DR, #
	MADISON, UIT, 537/1
Please check the appropriate boxes:	
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Support	and ☐ Wish to speak ☐ Do not wish to speak
Oppose Neither Support Nor O	Available to answer questions
The Meither Support Not A	
	an organization or a person other than yourself: X Yes No
(If you answered "no," STOP; you reference of who you represent and go on to the	need not complete the rest of this form. If you answered "yes," provide the name
oj wno you represent ana go on to th	z nem question).
Name, address and telephone number	r of each person or organization you are representing:
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MADISON, WI. 5371	
Are you being paid for your represen	tation?
	ner paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearin	g (Common Council) 5 minutes
Information I	Fearing 3 minutes
Other Items	nonannannannannannannonnannannannan 3 minutes

	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, 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, please be advised
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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 /-/'	7-06 Signature Dune Dellahlih.
	Print Name DUANE L. DAHL TR-

CITY OF MADISON

COMMON COUNCIL

Registration Statement -

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

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 be that:	sing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name

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Registration Statement	COMMON COUNCIL COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 62320 (#12)	Name JUSCHA ROBINSON Address 2007 JUNIPER ST
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 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	person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

Are you an electory other governme	cted official or employee who is appearing solely on behalf of your office or for your municipality or catal body?
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question)
If you are being that:	g paid for your representation, or if your appearance is part of other paid duties, please be advised
and the first of the contract	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at e City-County Building, Madison, for more information)
Date	Signature
	Print Name

Registration Statement		OUNCIL
Please Print	COMMITTEE	
	PLEASE P	RINT CLEARLY
n l	Name _	STEVE BROWN
Agenda No.	Address _	120 W. GORHAM ST. MADISON, WI 53703
#02320		MADISON, WI 53703
Please check the appropriate boxes:		
Support Oppose Neither Support Nor Oppose		nd Wish to speak Do not wish to speak 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	complete the rest of	n other than yourself: Yes No of this form If you answered "yes," provide the name
Name, address and telephone number of each	n person or organiz	ation you are representing:
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)		on or organization?
Speaking Limits: Public Hearing (Com Information Hearing		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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 bothat:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 fithe City-County Building, Madison, for more information)
Date	Signature
	Print Name

				Date:	17.00
		CITY OF MA	ADISON		
Registra	tion Statement -	COMMON COMMITTEE	COUNCIL		
Please Print Agenda No.	2		PRINT CLEARLY Lorin 3109 H Madis	sitzel ermina: on WI 53	ĵ†>
At this meeting are (If you answered "n of who you represen	upport Nor Oppos you representing an orga to," STOP; you need not and go on to the next q	nization or a pers t complete the res nuestion)	Do no Availa	u answered "yes,'	⊠No
Name, address and	telephone number of eac	ii person or organ	ization you are rep	esching.	
Are you being paid	for your representation?			☐ Yes	√No
	ns part of your other paid no." STOP; you need no.				
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		5 minutes 3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or unental 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)
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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 fithe City-County Building, Madison, for more information)
Date	Signature
	[12] [12] [13] [14] [15] [15] [15] [15] [15] [15] [15] [15

		기계의 한 목 모임하다는 것		Date: Offi	1200
		CITY OF MA	DISON		
Registra	tion Statement -	COMMON	COUNCIL		
		COMMITTEE			
Please Print		PLEASE	PRINT CLEARLY		
		Name	AL MATANO		
Agenda No. 12		Address	3745 ROSS ST.		
			MADISON, WI	53705	
Please check the app	oropriate boxes:				
☐ Support			and Wish to s		
Oppose				rish to speak e to answer que	stions
	upport Nor Oppos				
At this meeting are	you representing an orga to," STOP; you need not	inization or a pers	on other than yourself	: Yes	No ⊓provide the name
	t and go on to the next q			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name, address and t	elephone number of eac	h person or organ	ization you are represe	enting:	
Are you being paid	for your representation?			Yes	☐ No
	s part of your other paid o," STOP; you need no			☐ Yes inswered "yes,	☐ No " go on to the next
Speaking Limits:	Public Hearing (Com		5 minutes		

3 minutes

Other Items

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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)
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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	Signature
	the control of the co

Registra	tion Statement -	COMMON COUNCIL COMMITTEE
Please Print	12?	PLEASE PRINT CLEARLY
Agenda No. <u>20</u>	<i>320</i>	Name Jim Kellerman Address 5421 Esther Beach Road Woodison
Please check the app	propriate boxes:	
Support Oppose Neither S	upport Nor Oppos	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
(If you answered "no of who you represent	o," STOP; you need no t and go on to the next o	anization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name question) The person or organization you are representing:
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 o," STOP; you need no	d duties for this person or organization? Yes No or complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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.)
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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	1/17/06 Signature Amesical Company
	Print Name . Somes Kellerman

	CITY OF MADISON					
Registration Statement	COMMON COUNCIL					
COMMITTEE						
<u>ease Print</u>						
	PLEASE PRINT CLEARLY					
	Name MCKY delkoure					
genda No/ 💍	Address Mal Union St					
	Madison, WI 63704					
age charle the appropriate boxes						
ease check the appropriate boxes:	사용 경우 현실 경우 경우 경우 등 기본 경우 등 기본 등 기					
Support	and Wish to speak					
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Neither Support Nor Oppose	Available to answer questions					
who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name					
e you being paid for your representation?	☐ Yes ☐ No					
e you appearing as part of your other paid of you answered "no," STOP; you need not estion)	duties for this person or organization?					
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and the second s	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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Date	Signature
	Print Name

Registrati	on Statement -	COMMON C	OUNCIL		
		COMMITTEE			
Please Print		PLEASE P	RINT CLEARLY		
		Name	Patrick H 2217 Sa Madisan,	LKAL	
Agenda No.		Address	2217 (-	1000	me.
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			Madisan	W1 73	109
Please check the appr	opriate boxes:				
	Inclusionary Zu	ming report	nd		tions
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Name, address and tel	ephone number of eac	h person or organiz	ation you are represe	nting:	
Are you being paid fo	r your representation?			Yes	№ No
Are you appearing as (If you answered "no, question)					X No
Speaking Limits:	Public Hearing (Com				
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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, 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 b that:	eing 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?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
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Registra	tion Statement -	COMMON COUNCIL
Please Print		
Flease Film		PLEASE PRINT CLEARLY
		Name Barbara Pigram
Agenda No.		Address 2349 allied DR #126
		Call [608] 217-9958
Please check the app	ropriate boyes:	
Support		and Wish to speak Do not wish to speak
Oppose Neither S	upport Nor Oppos	A vailable to answer questions
		anization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name
of who you represen	t and go on to the next o	question)
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	A A	
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Are you being paid i	or your representation?	Yes∕No
		d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	mmon Council) 5 minutes 3 minutes 3 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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Date: 17/66

Registra	tion Statement -	COMMITTEE	<u> </u>	NOIL		
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		PLEASE	PRINT	CLEARLY		
		Name	\mathcal{M}	anlyn Feil		
Agenda No. / Z		Address	36	34 /Alpin	e Rd	
				Madism, u	<u>) [5</u>	3704
Please check the app	propriate boxes:					
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of who you represen	o," STOP; you need not t and go on to the next que elephone number of each	uestion)				
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Speaking Limits:	Public Hearing (Com	mon Council)	5 minu	ıtes		
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and the first term of the second of the seco	re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental 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)						
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Date	Signature						
	Print Name						

Registration Statement -		COMMON COUNCIL
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Are you being paid	for your representation?	☐ Yes ☐ No
Are you being pard	for your representation?	
		duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com	nmon Council)5 minutes
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	Other Items	**************************************

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