

Date: July 17, 2007

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

PRINT NAME CLEARLY

Agenda No. <u>99</u> <u>05427</u>

Name Caronnel Bayard
 Address 4901 Sharwood Road
Madison, WI 53711

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

(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 _____

Date: _____

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PRINT NAME CLEARLY

Agenda No. <u>99</u>
<u>05427</u>

Name Robert Artis

Address 8484 CHATEAU CR #2

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

- Oppose**
- Wish to speak
 - Do not wish to speak
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Agenda No. <u>99</u> <u>05427</u>

Name Alice Howard
 Address 2106 Red Arrow Tr

Please check the appropriate boxes:

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

- Oppose**
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Date _____

Signature _____

Print Name _____

Date: 7-7-07

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PRINT NAME CLEARLY

Agenda No. <u>99</u> <u>05427</u>

Name Barry Hayes

Address 4605 H Crescent Rd
Pitchburg WI

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

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Date _____

Signature _____

Print Name _____

Date: 7-17-2007

City of Madison Registration Statement - Common Council

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PRINT NAME CLEARLY

Agenda No. <u>99</u> <u>05427</u>

Name FELETA GREER
 Address 4661 Atticus way #110
Madison WI 53711

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
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Signature _____

Print Name _____

Date: 7-16-07

City of Madison Registration Statement - Common Council

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PRINT NAME CLEARLY

Agenda No. <u>99</u> <u>05427</u>

Name James Phillips
 Address 4741 Crescent Rd
Madison WI 53711

Please check the appropriate boxes:

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

- Oppose**
- Wish to speak
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PRINT NAME CLEARLY

Agenda No. 99
05427

Name LaShonda Thomas Schwarz
Address 4741 Crescent Rd Apt
Madison WI 53711

Please check the appropriate boxes:

- Support**
 - Wish to speak
 - Do not wish to speak
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- Oppose**
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