09340

Date: <u>May 6</u>, 08

Registrati	on Statement	Common C	ouncil	•		
•	•	COMMITTEE	· · · .	·		
Please Print		PLEASE	PRINT NAME CLE	ARLY		
Agenda No.	5	Name	JAN 50 218 5, 7 MAD(50M	JEET Bassei		23
Please check the app	propriate box:		Please check the	he appropria	te box:	
Support Oppose Neither Su	pport Nor Oppose	AND	Wish to spe		stions	
(If you answered "no,	ou representing an organ "STOP; you need not and go on to the next qu	complete the rest			∏ No provide th	e name
	lephone number of each			•	·	
Are you being paid fo	r your representation?			☐ Yes	No	
	part of your other paid "STOP; you need not			☐ Yes swered "yes,"	No go on to t	he next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	maa ekees — konoona ee ee ee ga ee e	3 minutes			

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

09340	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print Agenda No.#5 - 457 W Welson	PLEASE PRINT NAME CLEARLY Name ROSEMARY LEE Address III W WILSON #108 MADISON 53703
Please check the appropriate box: Support Oppose Neither Support Nor Oppose 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 que Name, address and telephone number of each	nization or a person other than yourself: Yes do complete the rest of this form. If you answered "yes," provide the name uestion.)
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)	☐ 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

Date: <u>5-6-08</u>

Public Hearing (Common Council) ____5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

Speaking Limits:

Are you an eleother governm		is appearing solely on behalf of your off	ice or for your municipality or Yes No
(If you answer this form. If yo	ed "yes" to the question, STO ou answered "no" to the questi	P. You need not complete the rest of this f on, go on to the next question)	form, except that you must sign
If you are being that:	ng paid for your representation	n, or if your appearance is part of other	paid duties, please be advised
1.	Before you engage in lobbyir with the City Clerk	ng as a lobbyist, you or your principal mu	st file an authorization
2.	Your principal is not permitt City Clerk	ed to authorize you to lobby unless you	are registered with the
3.		ill owe more than \$1,000 for lobbying seripal must file expense statements with tar?	
	the City Clerk's website <u>ww</u> he City-County Building, Madi	vw.cityofmadison.com/clerk/index.html or son, for more information)	go to the Clerk's Office at
Date	Sign	nature	
	Prin	t Name	

Date: 5.6.08

09340

Registra	tion Statement -		ouncil	
Please Print		COMMITTEE PLEASE	PRINT NAME CLEARL	
Agenda No	5	Name _ Address _	LANCE MG 103 N. HAMIT MADISON	GRATH ton 5t.
Please check the ap	propriate box:		Please check the ap	opropriate box:
At this meeting are y (If you answered "no	o," STOP; you need no	anization or a person of complete the rest of	Wish to speak Do not wish to s Available to ans n other than yourself: of this form If you answere	wer questions , Yes XNo
-	t and go on to the next		ation you are representing:	
Are you being paid f	or your representation	?		Yes No
	s part of your other pai o," STOP; you need no		on or organization? [of this form. If you answere	Yes No No ed "yes," go on to the ne
Speaking Limits:		mmon Council) 5	3 minutes	

Are you an e other govern	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	ed "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:	ng 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	Signature
	Print Name

				Date: 5/6	6/08
) ୧୪५୦ tion Statement -	CITY OF MAD			
Please Print Agenda No.			RINT CLEARLY Sonathan 208 J. Madiso	Cooper Honry S u 537a	5 <i>7</i> .
At this meeting are y (If you answered "n of who you represen	upport Nor Oppos you representing an orga to," STOP; you need no at and go on to the next q	e nnization or a person t complete the rest question)	Available n other than yourself of this form If you a	ish to speak to answer ques MYes nswered "yes,"	□ No
	verghborhood				Committee
Are you appearing a	for your representation? as part of your other paid no, "STOP; you need no	l duties for this pers	on or organization? of this form. If you a	☐ Yes ☐ Yes inswered "yes,	☑No ☑No "go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	annani mananany mpina mpanjahan	3 minutes		

Are you an el other governr	lected 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
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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)
Date5	1/4/08 Signature Sweller Cooper Print Name Jonathan Cooper
	Print Name Jouethan Cooper

Date: 6 May 2605

Registratio	on Statement -	Common Council COMMITTEE
Please Print	D9340	PLEASE PRINT CLEARLY Name HAGE II TACE
Agenda No.		Address 366 Sooth BASSEHS
Please check the appro	priate boxes:	
Support Oppose Neither Sup	pport Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you (If you answered "no, of who you represent a	" STOP; you need no	ganization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question)
Name, address and tele	ephone number of ea	ch person or organization you are representing:
Are you being paid for	your representation	? ☐ Yes ☐ No
Are you appearing as partial (If you answered "no, question)	oart of your other pai " STOP; you need n	d duties for this person or organization? Yes No No ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:		mmon Council) 5 minutes g 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are that:	being 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

451		4	5	Date: 5/6/0	<u></u>
1110		CITY OF M	ADISON		
Registrat	ion Statement -	Common COMMITTEE	Council		
Please Print	09340	PLEASI	PRINT CLEARLY		
Agenda No #		Name Address	Bonnie 2326 E Maelison	Hazen Washen ton	Kos
Please check the app	ropriate boxes:				
Support Oppose Neither Si	ipport Nor Oppos	s e	and Wish to sp Do not wi Available	eak sh to speak to answer questions	
(If you answered "no		t complete the re	son other than yourself: st of this form. If you an	☐ Yes ☐ No swered "yes," provide th	ie name
Name, address and to	elephone number of eac	ch person or orga	nization you are represe	nting:	
Are you being paid f	or your representation?			☐ Yes ☐ No	
	s part of your other paid o," STOP; you need no			☐ Yes ☐ No aswered "yes," go on to t	he next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		5 minutes3 minutes		

	lected 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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Date	Signature
	Print Name

Date: <u>6 May 08</u>

Registration Statement	- Common Council COMMITTEE
Please Print 09340	_ PLEASE PRINT CLEARLY
Agenda No.	Name Chistric MLOT Address 445 W. Wilson
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an or (If you answered "no," STOP; you need to of 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 t question)
Name, address and telephone number of e	ach person or organization you are representing:
Are you being paid for your representation	ı? □ Yes □ No
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hearin	ommon Council)5 minutes 18 minutes 2 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 b 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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 5-6-08

Registration	ar G. Jakin ing katalong panggalan banggalan banggalan banggalan banggalan banggalan banggalan banggalan banggal	ommon Council MMITTEE
Please Print Agenda No.	09340 5	PLEASE PRINT CLEARLY Name POSALIE LA ROCQUE Address 445 W. WILSON ST. MADISON, W., 53703
	ort Nor Oppose	and, Wish to speak Do not wish to speak Available to answer questions ion or a person other than yourself: YesNo
(If you answered "no," S of who you represent and	TOP; you need not com go on to the next question	plete the rest of this form. If you answered "yes," provide the name
Are you being paid for yo		☐ Yes ☐ No
Are you appearing as part (If you answered "no," S question)	t of your other paid dutie TOP; you need not com	es for this person or organization?
In	ublic Hearing (Common formation Hearing ther Items	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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

Date: 5/6/08

Registration Sta	tement - Commor	<u>Council</u>
Please Print 093	340 PLEAS	SE PRINT CLEARLY
	Name	Jim Eisenmany
Agenda No. #05	Addre	ss 43 W Wilson Son Art B
451 W W. Ison Ser.		Jim Eisenmann ss 43 W. Wilson Str., Apr. B Madison, WI 53703
Please check the appropriate bo		
Support - Syron Oppose Neither Support N		and ☐ Wish to speak ☑ Do not wish to speak ☐ Available to answer questions
At this meeting are you represe (If you answered "no," STOP; of who you represent and go or	you need not complete the r	erson other than yourself: \[\sum \text{Yes} \sum \text{Y} \text{No} \] est of this form. If you answered "yes," provide the name
Name, address and telephone n	umber of each person or org	anization you are representing:
Are you being paid for your rep	oresentation?	☐ Yes 🔀 No
		person or organization? Yes No vest of this form. If you answered "yes," go on to the next
Informa	Hearing (Common Council) ation Hearing tems	3 minutes

	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	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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Date	Signature
	Print Name

Date:	5	6	.08	

Registration Statement	- Common Council COMMITTEE
Please Print 0934(PLEASE PRINT CLEARLY
Agenda No.	Name ENICE INVESTED Address 1190 W. Drug Hilb Atlanta, EA
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Opp	and Wish to speak Do not wish to speak Available to answer questions ose
At this meeting are you representing an of (If you answered "no," STOP ; you need of who you represent and go on to the next	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 e	each person or organization you are representing:
A termitton of	
205-3976	
Are you being paid for your representation	n? ☐ No
Are you appearing as part of your other p (If you answered "no," STOP; you need question.)	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
	fommon Council) 5 minutes ng 3 minutes 3 minutes

	어머니라는 사람들은 살아가는 아무리는 것 같아. 그들은 사람들은 사람들이 되었다고 있는데 사람들은 사람들이 되었다. 나는 사람들은 사람들이 되었다.
	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 5	0.08 Signature AB BB
	Print Name EVICE SIMONSON