Date: 18 Apr 06

CITY OF MADISON

Registration Statement	
Diago Diid	
Please Print 63088	PLEASE PRINT CLEARLY /
	Name Wish
Agenda No.	Address 913 Northand Do
	Madism WI 5370!
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
	ganization or a person other than yourself: Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	ach person or organization you are representing: -
North Norths	side Planning Consul
66	1-0060
Are you being paid for your representation	?
Are you appearing as part of your other part (If you answered "no," STOP; you need no 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
Speaking Limits: Public Hearing (Co Information Hearin Other Items	

REGISTRATION STATEMENT - PAGE 2

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Are you an electe other government	ed official or employee who is appearing solely on behalf of your office or for your municipality or tal body?	
	"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:	paid for your representation, or if your appearance is part of other paid duties, please be advised	
	efore you engage in lobbying as a lobbyist, you or your principal must file an authorization ith the City Clerk	
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pe	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?	
•	e City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at City-County Building, Madison, for more information)	
Date KA	NH Signature	
	Print Name Lisa M. Wiese	

Date: 4/18/2006

CITY OF MADISON

Registration Statement		
	마스트, COMMITTEE 트립스트 마르크를 보고 있었다. 그리고 있는 그리고 있는 그리고 있는 것 같습니다. 그렇게 하지 않는 것 같습니다.	
Please Print 03088		
	PLEASE PRINT CLEARLY	
	Name Dan Rass	
Agenda No. 15	Address 125 N Hamilton St Unit 602	
	Madison WI 53703	
Please check the appropriate boxes:		
⊠ Support	and [] Wish to speak	
Oppose	Do not wish to speak	
Neither Support Nor Opp	Available to answer questions	
At this meeting are you representing an of	organization or a person other than yourself: Yes You not complete the rest of this form If you answered "yes," provide the name	
of who you represent and go on to the ne		
Name, address and telephone number of each person or organization you are representing:		
	of a fig. 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	
Are you being paid for your representation	on?	
	리스의 리스트 프로그램 시간 시간 등록 하는 사람들은 보고 <u>하는</u> 것이 있습니다.	
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)	not complete the rest of misjorms if you can recease yes,	
	Common Council) 5 minutes ing 3 minutes	
	3 minutes	

REGISTRATION STATEMENT - PAGE 2

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
1.0	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	
	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 the City-County Building, Madison, for more information)	
Date	Signature	
	Print Name	