				Date:) ~ (p"	- U 8
	う9 <i>6</i> 3フ tion Statement -	CITY OF MADIS				
		COMMITTEE				
Please Print		PLEASE PRIN	IT CLEARLY	7		
Agenda No.	7	Name Address 9	10HN L	DAU	TR	
		7	1ADISO	v		
Please check the app	ropriate boxes:					
Support		and	Wish to sp			
Oppose	upport Nor Oppo		Do not wi	sn to speak to answer c		
(If you answered "no of who you represent	o," STOP; you need not and go on to the next	canization or a person ot of complete the rest of the question) ch person or organization	his form. If you an	swered "ye	44.5	and the second of the second
Are you being paid f	or your representation	?		☐ Ye	es 🔯 N	lo .
		d duties for this person of complete the rest of the	_	☐ Ye iswered "ye		io to the next
Speaking Limits:	Public Hearing (Co Information Hearin Other Items					

Are you an ele other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	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.)
If you are bein that:	ng 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?
Room 103 of th	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	Print Name (TOHA) RAUHS

Registra	U 9 8 5 / tion Statement	Common Council COMMITTEE
Please Print		PLEASE PRINT CLEARLY
Agenda No.		Name DUSAN 1- MILL) Address 412 5. DICKINSON ST. 40150N, WI 53703
Please check the app	propriate boxes:	
Support Oppose Neither S	upport Nor Oppose	and ₩ish to speak ☐ Do not wish to speak ☐ Available to answer questions e
(If you answered "n	you representing an orga to," STOP; you need not at and go on to the next q	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and t	telephone number of eacl	h person or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
		duties for this person or organization?
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

CITY OF MADISON

Date: 5/6/08

	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
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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
○983フ Registration Statement	CITY OF MADISON Common Council COMMITTEE
<u>Please Print</u>	PLEASE PRINT CLEARLY
	Name $\triangle l = 0$
Agenda No.	Address 1045 Richge Wood Way
	Madison WT 53713
Please check the appropriate boxes:	
	and Wish to speak
Support Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
(If you answered "no," STOP ; you need not of who you represent and go on to the next q	nization or a person other than yourself: Yes No t complete the rest of this form If you answered "yes," provide the name tuestion) h 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 to complete the rest of this form. If you answered "yes," go on to the next
	nmon Council) 5 minutes 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? 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.)
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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
	en al la completa de la completa de La completa de la co

CITY OF MADISON Registration State **Common Council** COMMITTEE Please Print PLEASE PRINT CLEARLY 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: Yes Are you being paid for your representation? 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

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, 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
	Print Name

	Date:
09837	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name KUTH HNN BAUHS
Agenda No.	Address 922 SEQUOIATR
	MADISON
Please check the appropriate boxes:	
Support	and
M Oppose	Do not wish to speak
Neither Support Nor Oppos	Available to answer questions
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?	? ☐ Yes XNo
Are you appearing as part of your other paid (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
Information Hearing	mmon Council)5 minutes g

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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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 <u>5</u>	-6-08 Signature Kuth ayın Danks
	Print Name RUTH ANN BAUHS