

Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

03590

Agenda No. 65

PLEASE PRINT CLEARLY

Name

Alice Howard

Address

2106 Red Arrow Tr. #9

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 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," 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

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 (Common Council)..... 5 minutes
 Information Hearing..... 3 minutes
 Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature

Alice Howard

Print Name

Alice Howard

Date: 5/16/06

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

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03590

PLEASE PRINT CLEARLY

Agenda No. 65

Name Robert Artis
Address 8434 Chalfont Dr

Please check the appropriate boxes:

- Support
Oppose
Neither Support Nor Oppose

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

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Allied D. M. N. A.

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Signature _____

Print Name _____



Date: 5-16-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

03590

Agenda No. <u>65</u>

PLEASE PRINT CLEARLY

Name Umar allen

Address 4737 Crescent
Madison, wis 53711

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
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Date 5-16-06

Signature Vivian Allen
Print Name VIVIAN ALLEN

Date: 5-15-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

03590

PLEASE PRINT CLEARLY

Name Marsha Rummel
Address 1339 Rutledge St #2
Madison WI 53703

Agenda No. 65
consultant for Allied

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- Oppose**
- Neither Support Nor Oppose**

- and
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