Date:	11-15-05	
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City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please I	rint
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PRINT NAME CLEARLY

Agenda No. 2 Budget Amendment		Name Address	Kathy Walsh 566 S Segu Madisun W		
Please check the appro	opriate boxes:				
Support Oppose Neither Sup	port or Oppose		☐ Wish to spea ☐ Do not wish ☐ Available to	to speak	itions
At this meeting are yo (If you answered "no, question)	u representing an organiza " STOP; you need not con	ntion or a pers mplete the res	on other than yourself: st of this form. If you answ	Yes vered "yes,"	No go on to the next
Name, address and tel	ephone number of each pe	erson or organ	ization you are representi	ng:	
				<u> </u>	
Are you being paid for	r your representation?			☐ Yes	☐ No
	part of your other paid dut				No on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	gopono (lono) dilaneser	5 minutes		

	Print Name
Date	Signature
	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
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?
2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand
	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.)
Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

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PRINT NAME CLEARLY

	Name	Susan Mic	ssal	
Agenda No. 2 - Capital. Budget	Address	Susan No 138 W. Gor	-ham s	34 .
Budget Amendment Number(s):	_			
<u>-</u>	_	Madison,	WI 53	703
Please check the appropriate boxes:				
Support		Wish to speakDo not wish to	s o speak	
Oppose Neither Support or Oppose		Available to a	nswer quest	ions
At this meeting are you representing an organiza (If you answered "no," STOP; you need not conquestion.) Name, address and telephone number of each pe	nplete the rest	of this form. If you answ		□ No go on to the next
<u> </u>				
Are you being paid for your representation?			Yes	□No
Are you appearing as part of your other paid dut (If you answered "no," STOP; you need not conquestion.)	ies for this pers	on or organization? of this form. If you answ	☐ Yes ered "yes,"	☐ No go on to the next
Speaking Limits: Public Hearing Information Hearing Other Items		minutes		

Are you an ogovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?
(If you answe this form. If y	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, do you understand
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 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?
(If you answe Office at Roo	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

City of Madison Registration Statement - Common Council

Please Print			PRINT NA	AME CLE	CARLY
Agenda No	t Number(s):	Name	Susan Wo 138 W Madiso		
Please check the app	ropriate boxes:				
Support Oppose Neither Su	pport or Oppose		☐ Wish to specific Do not wish ☐ Available to		tions
(If you answered "ne question.)	you representing an organize, "STOP; you need not contain the second representation of each part	omplete the rest of	this form. If you ans	swered "yes,"	☐ No go on to the next
Are you being paid f	for your representation?			Yes	□ No
Are you appearing a (If you answered "naquestion)	s part of your other paid du o," STOP; you need not co	uties for this person omplete the rest of	n or organization? Tthis form. If you and	Yes [] Yes [] Yes, "	No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items		ninutes		

Are you ar governmen	elected official who is appearing solely on behalf of your office or for your municipality or other 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 that:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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 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?
	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

City of Madison Registration Statement - Common Council

Please Print			PRINT NAI	ME CLEARLY	
Agenda No. 2 Budget Amendment	Capital Number(s):	Name Address	Daniel LR 125 N Ham Madison	2055 Vilton St #60. 53703	
Please check the appro	opriate boxes:		_		
Support Oppose Neither Sup	port or Oppose		☐ Wish to speal ☐ Do not wish to ☐ Available to		
(If you answered "no, question)	u representing an organize of each personner	omplete the resi	of this form. If you answ	vered "yes," go on to the	next
Are you being paid for	r your representation?			☐ Yes ☐ No	
Are you appearing as (If you answered "no, question)	part of your other paid du "STOP; you need not co	ities for this per complete the resi	son or organization? of this form. If you answ	Yes No No vered "yes," go on to the	nexi
Speaking Limits:	Public Hearing Information Hearing Other Items		5 minutes		

		elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
If you his fo	u answe orm. If j	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.)
lf you that:	are be	eing paid for your representation, or if your appearance is part of other paid duties, do you understand
	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 the principal is registered with the City Clerk?
	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?
(If yo Office	nu answ e at Ro	vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date	A002A711111	Signature
		Print Name

City of Madison Registration Statement - Common Council

Please Print			PRINT NA	ME CLI	EARLY
Agenda No Budget Amendment		Name Address	Jonathan (208 S. Her Madison	200per ing St. 53703	
Please check the approximation Support	ropriate boxes:		☐ Wish to spea ☑ Do not wish		
	pport or Oppose	- t ion on a more	Available to	answer ques	stions ÆľNo
At this meeting are y (If you answered "no question)	ou representing an organization," STOP; you need not co	ation of a perso mplete the resi	on other than yourself: of this form. If you answ	☐ Yes wered "yes,'	·
Name, address and to	elephone number of each po	erson or organi	zation you are representi	ng:	
Are you being paid f	or your representation?			Yes	☐ No
Are you appearing as (If you answered "no question)	s part of your other paid du o," STOP; you need not co	ties for this per implete the resi	son or organization? t of this form. If you ans	☐ Yes wered "yes,'	No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items		5 minutes		

Are you an ogovernmental		appearing solely	on behalf of your office of	or for your municipality of Yes No	other
	red "yes" to the question ou answered "no" to the			nis form, except that you mu	st sign
If you are be that:	ing paid for your repres	entation, or if you	ir appearance is part of oth	er paid duties, do you unde	erstand
1.	Before you engage in with the City Clerk?	lobbying as a lob	byist, you or your principal	must file an authorization Yes No	
2	Your principal is not with the City Clerk?	permitted to auti	norize you to lobby unless	the principal is registered Yes No	
3		ter), the principal	nore than \$500 for lobbying must file expense statement ear?		
			ns, please call the City Cler on, for more information)	k at 266-4601 or go to the (Clerk's
Date	15/05	Signature	Sono thon D	Coop	····
	/	Print Name	Jonathan D	Cooper	

City of Madison Registration Statement - Common Council

Please Print			PRINT NA	ME CLE	EARLY
Agenda No Budget Amendment	Number(s): /	Name	Marilan 3634A	Feil Ipine f	ood
Please check the approximation Support	opriate boxes:		Wish to spea		
Oppose	oport or Oppose		Do not wish Available to	to speak answer ques	tions
At this meeting are you (If you answered "no question.)	ou representing an organiz," STOP; you need not co	cation or a person omplete the rest of	other than yourself: fthis form. If you ans	☐ Yes wered "yes,"	No go on to the next
Name, address and te	lephone number of each p	erson or organiza	ion you are represent	ing:	
Are you being paid for	or your representation?			Yes	□ No
	part of your other paid du ," STOP; you need not co			Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items		minutes		

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
	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.)
If you are behat:	being paid for your representation, or if your appearance is part of other paid duties, do you understand
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 the principal is registered with the City Clerk?
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?
	wered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's com 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	11-	15-05

City of Madison Registration Statement - Common Council

Please Print			PRINT NA	ME CLEARLY	(
Agenda No. Budget Amendment 1 = taser fun 11 - TIP	t Number(s):	Name _ Address _	Norman & HOL Elm	Stockell S. J. Blul	
Please check the appr	ropriate boxes:				
At this meeting are y (If you answered "no question.)	pport or Oppose ou representing an organize, "STOP; you need not contain the second process of each process of each process or second process.	omplete the rest	n other than yourself: of this form. If you ans	to speak answer questions Yes No wered "yes," go on to	the next
Ivanie, audiess and k	Elephone number of each p	or or organiz	ation you are represent	••••	
Are you being paid f	or your representation?			☐ Yes ☐ No	
Are you appearing as (If you answered "no question.)	s part of your other paid do o, "STOP; you need not c	uties for this personplete the rest	on or organization? of this form. If you ans	☐ Yes ☐ No wered "yes," go on to	the nexi
Speaking Limits:	Public Hearing Information Hearing		minutes		

Are you an governmenta	elected official who is appearing solely on behalf of al body?	your office or for your municipality or other Yes No
(If you answe this form If y	ered "yes" to the question, STOP. You need not complete you answered "no" to the question, go on to the next que	e the rest of this form, except that you must sign stion)
If you are be that:	eing paid for your representation, or if your appearance	is part of other paid duties, do you understand
1.	Before you engage in lobbying as a lobbyist, you or y with the City Clerk?	your principal must file an authorization Yes No
2.	Your principal is not permitted to authorize you to with the City Clerk?	lobby unless the principal is registered Yes No
3.	If your principal spends or will owe more than \$500 period (calendar quarter), the principal must file exp the remaining quarters of the calendar year?	o for lobbying services in any reporting sense statements with the City Clerk for Yes No
(If you answ Office at Roo	vered "no" to any of the last three questions, please call om 103 of the City-County Building, Madison, for more i	the City Clerk at 266-4601 or go to the Clerk's nformation.)
Date	Signature	
	Print Name	

Date:	(1	- (5	-05

City of Madison Registration Statement - Common Council

Please Print		PRINT NAME CLEARLY	
Agenda No	Address Address	Wordish W153714	
Please check the approximately Support	ropriate boxes:	☐ Wish to speak	
Oppose	pport or Oppose	Do not wish to speak Available to answer questions	
(If you answered "no question.)	ou representing an organization or a per o, "STOP; you need not complete the re	st of this form. If you answered "yes," go on to the	? nexi
Are you being paid f	or your representation?	☐ Yes ☐ No	
Are you appearing as (If you answered "no question.)	s part of your other paid duties for this p o," STOP; you need not complete the re	erson or organization?	? next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes	

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or oth body?	er '
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sigou answered "no" to the question, go on to the next question.)	ŗn
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, do you understar	ıd
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	ared "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk m 103 of the City-County Building, Madison, for more information.)	's
Date	Signature	
	Print Name	

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print	PRINT NAME CLEARLY
Agenda No Budget Amendment Number(s):	Name Kristin Hoffschmidt Address 529 Elmside Blud. Madison Wl 53704
Please check the appropriate boxes: Support Oppose Neither Support or Oppose At this meeting are you representing an organ (If you answered "no," STOP; you need not question.) Name, address and telephone number of each	Wish to speak Do not wish to speak Available to answer questions mization or a person other than yourself: Complete the rest of this form. If you answered "yes," go on to the next
Tvanie, audress and terephone namber of ouen	poison of 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?
Speaking Limits: Public Hearing	

(See Back)

Information Hearing 5 minutes
Other Items 3 minutes

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other 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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	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name