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CITY OF MADISON

Registrati	on Statement -	Common C	ouncil			
		COMMITTEE				
Please Print 0 3	795	PLEASE P	我 网络拉拉拉			
		Name	joleil	YOUNG		
Agenda No.		Address	2515	chan pe	ni'n A	∖Ve.
Please check the appr	opriate boxes:					
✓ Support			and 🗹	Wish to speak		
Oppose				Do not wish to Available to a	speak	
	pport Nor Oppos	e	\mathbf{M}	Available to a	nswer ques	tions
(If you answered "no, of who you represent	ou representing an orga "STOP; you need not and go on to the next q dephone number of each	complete the rest uestion)	of this for	m. If you answe	red "yes,"	☐ No provide the name
		ir person of organiz	ation you	are representing	5 •	
FOCM 203 FO	(Mfall School					
Are you being paid fo	r your representation?				☐ Yes	MN0
Are you appearing as (If you answered "no question)	part of your other paid," STOP; you need not	duties for this perst complete the rest	son or orga of this for	anization? m If you answe	Yes ered "yes,"	No 'go on to the next
Speaking Limits:	Public Hearing (Com					
	Information Hearing					
	Other Items		minutes			

Are you an eleother 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 ou answered "no" to the question, go on to the next question)
If you are bei 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?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date	Signature
	Print Name

#2

Date: 6-6-06

CITY OF MADISON

Registration Statement -	- Common Council
Please Print 03795	PLEASE PRINT CLEARLY
	그렇게 되었다. 그런 한 경기에 가장하는 것 같아 나라고 하는데 모양을
	Name ELENA LIVORNI
Agenda No	Address 1917 KENDALL AVENUE, MAD)
	SON, WI
Please check the appropriate boxes:	
Court the appropriate sources.	
☑ Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppo	SC 시간 시간 기가 있다. 사람들은 전투 시간
	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 telephone number of ea	sch person or organization you are representing:
ROOM 908 PONDAIL	SCHOOL
· · · · · · · · · · · · · · · · · · ·	
Are you being paid for your representation	? ☐ Yes ☑ No
Are you appearing as part of your other pair (If you answered "no," STOP ; you need n question)	id duties for this person or organization? Yes No ot complete the rest of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Co	mmon Council)5 minutes
Information Hearin	g 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?
	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
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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

3

	Da	te:	(6) - (> <	>		
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CITY OF MADISON

Registration Statement	Common Council
Please Print 03795	PLEASE PRINT CLEARLY
	Name Mich, Boum
Agenda No.	Address 1836 lummit Mare
	Name Much Boum Address 1836 Summit ave Madison, WIL
Please check the appropriate boxes:	
	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
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 qu	complete the rest of this form. If you answered "yes," provide the name
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 of (If you answered "no," STOP; you need not of question)	luties for this person or organization?
	non Council) 5 minutes
Information Hearing Other Items	3 minutes 3 minutes

Are you an eleother governm	ected 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 bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date	Signature
	Print Name

4

	Date:
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Mark Wagler
	Address 608 Wingra St.
Please check the appropriate boxes:	
⊠ Support	and 💹 Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	e Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name address and telephone number of eac	h person or organization you are representing:
Room 208, R	
1100W 508) 1	andall school
	가는 것도 되었다. 그는 그는 사이에 하지만 되었다고 있는 것 같습니다. 한 사이트 한 사이트 하는 것 같습니다. 그는 것 같습니다.
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 no question)	t 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

Speaking Limits:

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? \[\sum Yes \sum \text{No} \]
	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