

Date: 6/6/06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

02320

PLEASE PRINT CLEARLY

Agenda No. 13

Name Marilyn Feil

Address 3634 Alpine

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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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 _____
Print Name _____

Date: 6-6-06

CITY OF MADISON

Registration Statement - Common Council
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02320

Agenda No. <u>13</u> <u>repeat 12</u>
--

PLEASE PRINT CLEARLY

Name Marsha Rummel

Address 1339 Rutledge St # 2
Madison

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

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

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Date _____

Signature _____

Print Name _____

Date: 6/6/04

CITY OF MADISON

Registration Statement - Common Council

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2320

PLEASE PRINT CLEARLY

Agenda No. <u>13</u>

Name Ernestine Moss

Address 1729 Browning Rd.
Madison, WI 53704

Please check the appropriate boxes:

- Support
- Oppose**
- Neither Support Nor Oppose

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

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Signature _____

Print Name _____

Date: 6/6/06

CITY OF MADISON

Registration Statement - Common Council

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2320

PLEASE PRINT CLEARLY

Name Maxine Okafu

Address 213 Sunny meadow
#3 Madison Wis
53713

Agenda No. 13

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
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Signature _____

Print Name _____

Date: _____

CITY OF MADISON

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COMMITTEE

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PLEASE PRINT CLEARLY

2320

Agenda No. 13, 16,

Name Phil Salkin

Address 127 N Main
Verona, WI 53593

Please check the appropriate boxes:

Support *general support*
 Oppose ~~support~~
 Neither Support Nor Oppose

No. 9

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:

RASCW

4801 Forest Run Rd

Madison, W. 53-

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.)

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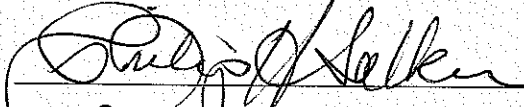
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Date 6/6/06

Signature



Print Name

Paul Salke
