Date: 2-22-05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

<u>Please Print</u>				
Agenda No.	25	Name Address	usan Sch 10 Marin	mily ette for
Please check the app	ropriate boxes;			
Support Wish to s Do not w Available	peak ish to speak e to answer questions		Oppose Wish to speak Do not wish to speak Available to answer	questions
At this meeting are ye (If you answered "no question)	ou representing an organizati , "STOP; you need not comp	on or a person other of the olete the rest of this	than yourself: Y form. If you answered ";	es No es," go on to the next
Name, address and te	lephone number of each pers	on or organization	you are representing:	
615 C.	Wash.			
	537	03		
Are you being paid fo	or your representation?		Y	es 🗌 No
Are you appearing as (If you answered "no, question)	part of your other paid duties "STOP; you need not comp	for this person or ollete the rest of this	organization? XYoform If you answered "y	es," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minut	es	

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lodg?
	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:	sing paid for your representation, or if your appearance is part of other paid duties, do you understand
	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? \square \text{No} \square \text{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? Yes No
The second second	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.)
Date /	22-05 Signature Kuban Johnsel
	Print Name SUSAN SCHMITT

00284

Date: 2/22/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

		Name L	dell Zeller	5
Agenda No. 25.	00284	Address	dell Zeller	voll 8
Agenda No. 25.	Square			
Please check the app				
Support Support			Oppose	
☐ Wish to	speak		Wish to speak	
Do not v	vish to speak		Do not wish to speak	
☐ Ayailabl	e to answer questions		Available to answer qu	ıestions
Name, address and t	elephone number of each p	erson or organizatio	n you are representing:	
Are you being paid f	or your representation?		☐ Yes	□ No
	s part of your other paid du o, " STOP; you need not co		or organization? Yes is form. If you answered "ye	
Speaking Limits:	Public Hearing	5 mir	ıntes	
	Information Hearing	5 mir	uites	
	Other Items			

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or othe body?	1
	red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sig ou answered "no" to the question, go on to the next question.)	n
If you are b that:	ing paid for your representation, or if your appearance is part of other paid duties, do you understan	1
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?	
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	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk' n 103 of the City-County Building, Madison, for more information.)	S
Date	Signature	
	Print Name	

00284

Date: Feb. 12, 2005

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print					
Agenda No.	5	Name Do Address 3/0	yl Kr. 6 Grego 53	SK ny Si 71	rman
Please check the app	ropriate boxes:				
Available At this meeting are y (If you answered "no question)	speak vish to speak e to answer questions ou representing an organization, "STOP; you need not completelephone number of each perse	on or a person other to the the rest of this for	orm. If you answer	swei ques Yes ed "yes,"	☑ No
Are you being paid for	or your representation?			☐ Yes	□ No
	part of your other paid duties," STOP; you need not comp			Yes ed "yes,"	□ No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes	S		

Are you an egovernmental	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 beithat:	ing paid for your representation, or if your appearance is part of other paid duties, do you understand
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
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	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

00284

Date: 2/2/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print		
Agenda No. A 5		Jame MARY LING DOLLINGER
Agenua Ivo.	A	address 1206 SHERNON DUE
		Jas por
Please check the appropriate the property of t	opriate boxes:	
		[1] : [1] : [2] :
Support		Oppose
Wish to sp	peak sh to speak	Wish to speak
· · · · · · · · · · · · · · · · · · ·	to answer questions	☐ Do not wish to speak☐ Available to answer questions
		Available to allswel questions
At this meeting are yo	u representing an organization o	r 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," go on to the next
question)		
Name address and tel	enhane number of each person o	r organization you are representing:
T, ante, address and ter	opnone number of each person o	organization you are representing:
医乳腺管 医乳腺管 医多种性性 医多种 医多种性 化二氯甲基甲基		
Are you being paid for	your representation?	☐ Yes ☐ No
Are you appearing as p	part of your other paid duties for	this person or organization? Yes No
Are you appearing as p	part of your other paid duties for	
Are you appearing as partial (If you answered "no, question)	part of your other paid duties for "STOP; you need not complete	this person or organization? Yes No the rest of this form. If you answered "yes," go on to the next
Are you appearing as I (If you answered "no,	part of your other paid duties for	this person or organization? Yes No the rest of this form. If you answered "yes," go on to the next 5 minutes

		elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
		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 that:	are be	sing paid for your representation, or if your appearance is part of other paid duties, do you understand
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	No. of the Control of the	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