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Date:	0	<u> </u>	

Registration Statement	Common Council
	COMMITTEE
Please Print ID# 1491,2	PLEASE PRINT NAME CLEARLY
11h	Name LAURA BROWN
Agenda No	Address 607 PIPER DR
Tocora	
Please check the appropriate box:	Please check the appropriate box:
Support Oppose	AND Wish to speak Do not wish to speak Available to answer questions
Neither Support Nor Oppose	B L 1 Available to allower questions
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
	person or 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? Yes No to complete the rest of this form. If you answered "yes," go on to the next
	nmon Council) 5 minutes 3 minutes 3 minutes

Are yo	ou an e governi	nental body?	ee who is appear	ng solely on behalf of y	your office or for your mur	nicipality or No
(If you this fo	u answe orm If 3	ered "yes" to the questio you answered "no" to the	n, STOP. You nee e question, go on t	ed not complete the rest to the next question.)	of this form, except that yo	u must sign
If you that:	are be	eing paid for your repres	sentation, or if yo	ur appearance is part o	f other paid duties, please	be advised
	1.	Before you engage in with the City Clerk	lobbying as a lob	byist, you or your princ	ipal must file an authorizat	ion
•	2.	Your principal is not City Clerk	permitted to auth	orize you to lobby unle	ss you are registered with	the
	3	If your principal spen period (half year), th remainder of the caler	e principal must	ore than \$1,000 for lobb file expense statements	ying services in any reports with the City Clerk for	ing the
(Pleas Room	se go t 103 of	to the City Clerk's web the City-County Buildin	site <u>www.cityofm</u> g, Madison, for m	adison.com/clerk/index ore information)	html or go to the Clerk's	s Office at
			: :			1 1
Date			Signature	7 - 1, 100 100 100 100 100 100 100 100 100		(mg) (m) = 44 + 544 (m) + 144 - 144
			Print Name			

Date: 6-16-09

Registration Statement	Common Council		
	COMMITTEE		
Please Print	PLEASE PRINT CLEARLY		
	· · · · · · · · · · · · · · · · · · ·		
11.0	Name Mark	Shahan	
Agenda No. 40	Address 607 Pip	er Dr.	
	Name Mark Address 607 Pip. Madison 1	NI 53711-1	1338
Please check the appropriate boxes:			
Tiease eneek the appropriate boxes.			
∑ Support		to speak	
Oppose		ot wish to speak lable to answer quest	ions
Neither Support Nor Oppose	• · · · · · · · · · · · · · · · · · · ·	india to misital quas-	
At this meeting are you representing an organ	nization or a person other than you	rself: Yes	⊠ No
(If you answered "no," STOP; you need not	complete the rest of this form. If y		
of who you represent and go on to the next q	uestion)		
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Name, address and telephone number of each	r person or organization you are rej	presenting.	
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Are you being paid for your representation?		☐ Yes	□No
	1.4: C41:	on? Yes	□No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no	t complete the rest of this form. If y	on: 1es ou answered "yes,"	
question)			
Speaking Limits: Public Hearing (Com	mon Council)5 minutes		
Information Hearing	3 minutes		- A
Other Items	3 minutes		

		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)
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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
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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?
		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 Nama

Date: 6 16/09

Registration Statement -	Common Council	
	COMMITTEE	
Please Print		
A. A	PLEASE PRINT CLEARLY	
	Name Devise Lamb	
Agenda No. 40	Address 4409 Mineral Point Pd.	
Please check the appropriate boxes:		
Support Oppose	and Wish to speak Do not wish to speak	
Neither Support Nor Oppose	e Available to answer questions	٠.
At this meeting are you representing an organ	nization or a person other than yourself:	те
of who you represent and go on to the next q	question)	
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	h person or organization you are representing:	
Midrale Deignts Community &	Assm.	
Midrale Heights Community & Malison, W)		
201,00		
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Speaking Limits: Public Hearing (Com-	nmon Council)5 minutes	
	3 minutes	

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Date	Signature
	Print Name

Date: 6-16-69

Please Print PLEASE PRINT CLEARLY Name Address Address Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (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? 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	Registrati	on Statement	Common Council	
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Support Oppose Neither Support Nor Oppose 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? Are you appearing as part of your other paid duties for this person or organization? (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				
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	G 15 - 7 1	D. 1.12 . 11	man Council) 5 minutes	
Information Hearing	Speaking Limits:			
Other Items 3 minutes		•		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? [] Yes [] No
	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 t	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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

Date: 6-16-09

Registrati	on Statement -	Common Council
		COMMITTEE
Please Print		PLEASE PRINT CLEARLY
		PLEASE PRINT CLEARLY
		Name Marla J. Lincoln
Agenda No. 4	1/2	
Agenda 110/		Address 3/8 MUSIC MOVE
,		Madison WI
Please check the appre	onriate boxes	
1 lease encor the appro	opriate cones.	
Support		and Wish to speak
		Do not wish to speak
Oppose	(NT O	Available to answer questions
Neither Su	pport Nor Oppos	;e
	4	anization or a person other than yourself: Yes No
At this meeting are yo	ou representing an orga	······································
		ot complete the rest of this form. If you answered "yes," provide the name
of wno you represent	and go on to the next o	question)
Name address and tal	lanhona number of eac	ch person or organization you are representing:
manie, address and te	repriorie number of eac	on person of organization you are representing.
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Are you being paid for	r your representation?	Yes No
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Are you appearing as	part of your other paid	d duties for this person or organization? Yes No
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question.)		
Speaking Limits:		nmon Council)5 minutes
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		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)
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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

Date: 6 - 16 - 09

Registration Statement -	Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
140	Name Kathleen Canta
Agenda No.	Address 5/05 Tocorg Lane
	Madison WI 53711
Please check the appropriate boxes:	
Support	and Wish to speak Do not wish to speak
Oppose Neither Support Nor Oppose	Available to answer questions
of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the nam
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? Yes No complete the rest of this form. If you answered "yes," go on to the nex
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	elected official or employee who rnmental body?	is appearing solely on b	ehalf of your office	or for you	ir municipality or No
	wered "yes" to the question, STOI If you answered "no" to the questic			m, except t	hat you must sign
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2.	Your principal is not permitte City Clerk	ed to authorize you to le	obby unless you are	e registered	d with the
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?				
	o to the City Clerk's website <u>ww</u> of the City-County Building, Madis			go to the	Clerk's Office at
Date	Sign	ature			
	Prin	t Name			

Date: 6/16/09

	COMMON COUNCIL		
Please Print			
	PLEASE PRINT CLEARLY		
	Name Melane Lord		
Agenda No. 90	Address 2302 Lakeland Ave.		
	Madison WI 53704		
Please check the appropriate boxes:			
X Support	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 organize (If you answered "no," STOP; you need not confirm of who you represent and go on to the next quest Name, address and telephone number of each personal statement	mplete the rest of this form. If you answered "yes," provide the name tion)		
Are you being paid for your representation?	☐ Yes ☐ No		
	ties for this person or organization? Yes No mplete the rest of this form. If you answered "yes," go on to the next		
question)			
Speaking Limits: Public Hearing (Commo Information Hearing	on Council) 5 minutes 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?		
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)		
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(Please go Room 103	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)		
Date	Signature		
	Print Name		

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	CITY OF MADISON
Registration Stateme	
	COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name Tay 1 Hastey
Agenda No. 40	- Address457 Tootad Clean
	3 677/1
Please check the appropriate box:	Please check the appropriate box:
Support	☐ Wish to speak
Oppose	AND Do not wish to speak
Neither Support Nor O	ppose Available to answer questions
(If you answered "no," STOP; you not of who you represent and go on to the	on organization or a person other than yourself: Yes No seed not complete the rest of this form. If you answered "yes," provide the name next question) of each person or organization you are representing:
Are you being paid for your represent	ation? Yes No
Are you appearing as part of your othe (If you answered "no," STOP; you no question.)	er paid duties for this person or organization? Yes No eed not complete the rest of this form. If you answered "yes," go on to the next
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		elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
		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.)
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	* *.	Print Name