사용하다 하루는 이 마음이 되는데 중요 나무를 받는			Date:	
	CITY OF MAD	ISON		
Registration Statement -	Common C	ouncil		
	COMMITTEE			
Please Print	PLEASE	PRINT/NAME CL	EARLY	
	Name _		remoc/(
Agenda No. 94	Address _	1711 Ru	Heefe +	Ly
10201		Λ,	ADISW,	aJ
Please check the appropriate box:		Please check	the appropriate	box:
Support	AND	Wish to sp		
☐ Oppose☐ Neither Support Nor Oppos		Available	sh to speak to answer questi	ons
At this meeting are you representing an orga (If you answered "no," STOP ; you need no of who you represent and go on to the next q	t complete the rest (question)	of this form. If you an	nswered "yes," p	∑∕No róvide the name
Name, address and telephone number of eac	h person or organiz	ation you are represen	nting:	
			· · · · · · · · · · · · · · · · · · ·	
Are you being paid for your representation?			Yes	Ú Ńo
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	duties for this person to complete the rest of	on or organization? of this form If you an	☐ Yes iswered "yes," g	No of on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		minutes		

	n elected official or employee who is appear rnmental body?	ring solely on b		or your municipality or Yes \text{No}
(If you ans this form	wered "yes" to the question, STOP. You ne If you answered "no" to the question, go on	eed not complet to the next que	e the rest of this form, exc stion.)	cept that you must sign
If you are that:	being paid for your representation, or if y	our appearance	is part of other paid du	ties, please be advised
1.	Before you engage in lobbying as a lo with the City Clerk	bbyist, you or y	our principal must file a	n authorization
2	Your principal is not permitted to aut City Clerk	horize you to l	obby unless you are regis	stered with the
3.	If your principal spends or will owe meriod (half year), the principal must remainder of the calendar year?			
(Please go Room 103	o to the City Clerk's website <u>www.cityofr</u> of the City-County Building, Madison, for n	nadison.com/cl nore informatio	erk/index.html or go ton)	the Clerk's Office at
:				
Date	Signature		•	
	Print Name			

CITY OF MADISON

Early Public Connecnt Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No	Name led VHU VIII 2M5M
Please check the appropriate box:	Please check the appropriate box:
of who you represent and go on to the next of	anization or a person other than yourself: Yes No st complete the rest of this form If you answered "yes," provide the name
Are you being paid for your representation?	Yes ZiNo
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	d duties for this person or organization? Yes No No ot complete the rest of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Cor Information Hearing	

Are you an eother govern	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 be that:	eing 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?
(Please go Room 103 of	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:	
		CITY OF MA	DISON		
Registra	tion Statement -	Common (Council		
		COMMITTEE			
Please Print					
		PLEASI	PRINT NAME CL	EARLY	
	QU	Name	David	w/aua	
Agenda No	17	Address	1213 East	· //. n (
	10204	, tudi ess	11 1:		53703
			Madison	<u> </u>	
Please check the ap	propriate box:		Please check	the appropr	iate box:
☐ Support			■ Wish to sp	peak	
Oppose		AND	Do not wi	sh to speak	
Neither S	upport Nor Oppos	se	-	to answer qu	estions
(If you answered "n of who you represen	you representing an organo, "STOP; you need not and go on to the next of the n	ot complete the resi question)	of this form. If you an	nswered "yes,	☐ No " provide the name
Are you appearing a	for your representation? as part of your other paid to," STOP ; you need no	d duties for this per		☐ Yes ☐ Yes nswered "yes,	□ No □ No " go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	. 	3 minutes		

	elected official or employed nmental body?	e who is appear	ing solely on behalf of you	r office or for your munic Yes No	
	wered "yes" to the question, f you answered "no" to the			his form, except that you n	nust sign
If you are that:	being paid for your represe	ntation, or if yo	our appearance is part of or	ther paid duties, please be	advised
1	Before you engage in le with the City Clerk	obbying as a lob	byist, you or your principa	l must file an authorization	n
2	Your principal is not p City Clerk	ermitted to auth	orize you to lobby unless	you are registered with the	e
3.		principal must	ore than \$1,000 for lobbyin file expense statements w	•	
	to the City Clerk's webs of the City-County Building,			<u>nl</u> or go to the Clerk's (Office at
Date		Signature Print Name			

Date: 7/1/08

Registration Statement	Common Co	ouncil
Please Print	DIFACE	DDINT MARE OF EADLY
	PLEASE	PRINT NAME CLEARLY
a4	Name	Stere McCline
Agenda No.	Address _	437 W Johnson St
10204		Madron W
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	AND e	Wish to speak☐ Do not wish to speak☐ 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	complete the rest of	other than yourself: Yes No If you answered "yes," provide the name
Name, address and telephone number of each	h person or organiza	ation 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 t complete the rest of	on or organization?
Speaking Limits: Public Hearing (Com Information Hearing Other Items		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 bethat:	eing 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?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Drint Nama

Date: July 1, 2008

Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name Susan De Vos
Agenda No. 94	Address 610 N. Midvale Blvd
10507	Address 610 N. Midvale Blvd Madison, WI 53705
Please check the appropriate box:	Please check the appropriate box:
Support Oppose bus wraps Neither Support Nor Oppos	AND Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," STOP; you need no of who you represent and go on to the next of	anization or a person other than yourself: Yes Ano to complete the rest of this form. If you answered "yes," provide the name question.) The 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 no question.)	d duties for this person or organization? Yes No No et complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

	an elected official or employee who is appearing solely on behalf of your office or for your municipality or ernmental body?
	uswered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question.)
If you ar that:	e being 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?
	go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 3 of the City-County Building, Madison, for more information.)
Date	
Date	Signature Print Name

Date:	July	11	, 2	_006	3
Duto.					

Registration Statement	COMMITTEE	ouncil
Please Print	DI EASE	PRINT NAME CLEARLY
	FLEASE	FRINT NAME CLEARLY
	Name	Laurie Wermter
Agenda No. 94	Address	B47 Williamson St., Apt. Nine
10204		Madison, WI 53703
Please check the appropriate box:		Please check the appropriate box:
Support Oppose bus wraps Neither Support Nor Oppose	AND	₩ish to speak Do not wish to speak Available to answer questions
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 que Name, address and telephone number of each	complete the rest uestion)	of this form. If you answered "yes," provide the name
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 per complete the rest	son or organization? Yes No of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items		3 minutes

Date _		Signature Print Name		
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		o the City Clerk's website <u>www.cityofr</u> the City-County Building, Madison, for n		<u>:.html</u> or go to the Clerk's Office at
	3	If your principal spends or will owe meriod (half year), the principal must remainder of the calendar year?	t file expense statemen	ts with the City Clerk for the
	2.	Your principal is not permitted to authority Clerk.	horize you to lobby unl	ess you are registered with the
	1.	Before you engage in lobbying as a low with the City Clerk.	bbyist, you or your prin	cipal must file an authorization
If you that:	are be	ing paid for your representation, or if yo	our appearance is part o	of other paid duties, please be advised
		ered "yes" to the question, STOP. You ne you answered "no" to the question, go on		t of this form, except that you must sign
		lected official or employee who is appear mental body?	ing solely on behalf of	your office or for your municipality or ☐ Yes ☐ No

	Date: 7-1-08
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Agenda No. 94-Bus Wrape	PLEASE PRINT NAME CLEARLY Name Kosemaey Lee Address III W Wy Son ST
Please check the appropriate box: Support	Please check the appropriate box: AND Wish to speak Do not wish to speak
Oppose 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 que Name, address and telephone number of each	ization or a person other than yourself: Yes YNO complete the rest of this form. If you answered "yes," provide the name testion.)
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 equestion)	duties for this person or organization? Yes No complete the rest of this form If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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 t that:	being 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 f the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 7-1-08

Registration Statement	- Common Council
Please Print	
	PLEASE PRINT NAME CLEARLY
	Name LydiA MAWET
Agenda No.	Address 1973 She 1911 19 ne
10204	
Place abolt the same of the	
Please check the appropriate box:	Please check the appropriate box:
☐ Support	☐ Wish to speak
☑ Oppose	AND Do not wish to speak
Neither Support Nor Oppo	Available to answer questions
At this meeting are you representing an or	ganization or a person other than yourself: Yes No
of who you represent and go on to the next	not complete the rest of this form. If you answered "yes," provide the name
of mo your op, escil and go on to me next	t question,
Name, address and telephone number of ea	ach person or organization you are representing:
Are you being paid for your representation	n? ☐ Yes
Are you annearing as part of your other po	aid duties for this person or organization?
Are you appearing as part of your other pa (If you answered "no," STOP ; you need a question)	nid duties for this person or organization? \(\sum \) Yes \(\sum \) No not complete the rest of this form If you answered "yes," go on to the next
(If you answered "no," STOP ; you need a question)	not complete the rest of this form. If you answered "yes," go on to the next
(If you answered "no," STOP; you need a question) Speaking Limits: Public Hearing (Co	not complete the rest of this form. If you answered "yes," go on to the next ommon Council) 5 minutes
(If you answered "no," STOP; you need a question) Speaking Limits: Public Hearing (Continuous Information Hearing)	not complete the rest of this form. If you answered "yes," go on to the next

Are yother	ou an el governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If yo this fo	u answe orm If y	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:	ı are be	ing 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?
(Plea Room	se go to 103 of	o 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	7	1-08 Signature Way Maure
		Print Name LYDIA MAURER

Date: 7-/-08.

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 94	Name Chick Litweiler Address 5 Lakken Ct. MAdison
Please check the appropriate box:	Please check the appropriate box:
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 organical (If you answered "no," STOP; you need not of who you represent and go on to the next que	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 a question.)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental 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.)
If you are that:	being 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 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 7/2/08

Registration Statement	Common Council
Please Print	
	PLEASE PRINT NAME CLEARLY
Agenda No. 94 10204	Name <u>Carnestine Moss</u> Address 1729 Browning Rd Moduson, WI 53704
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppos	AND Wish to speak Do not wish to speak 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 each	Urapo, but since they are to
be limited to No	more than 20 bused and it will help
to Offera more trans this item. However & Are you being paid for your representation?	portation throughout medison, I support
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	duties for this person or organization? Yes No transferding to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

		lected 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.)
lf you that:	are be	ing 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?
		o 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