Date:	1	17	04		
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Registra	tion Statement -	COMMON COUNCIL COMMITTEE
Please Print	02588	PLEASE PRINT CLEARLY
2		Name Louis KEK
Agenda No. 3		Address 1575 MONTCLIFF OR.
		Address 1575 MONTCLIFF DR. CHMMING, GA. 30041
Please check the app	ropriate boxes:	
✓ Support		and ☑ Wish to speak
Oppose		☐ Do not wish to speak
	upport Nor Oppos	e Available to answer questions
(If you answered "no of who you represent	o," STOP; you need not t and go on to the next q	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name nuestion) h person or organization you are representing:
Are you being paid f	or your representation?	☐ Yes ☐ No
		duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:		mon Council) 5 minutes
	Information Hearing Other Items	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	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 b 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?
	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: 1/17/06

Registration Statemen	nt - COMMON COUNCIL
Please Print 02588	PLEASE PRINT CLEARLY
Agenda No. 32	Name AL BROWN
Agenda No. S	- Address 4810 PASTGATE MALL
	- Address 4810 BASIGOTE MALL SAN DIESO, CA 92121
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Op	pose Available to answer questions
of who you represent and go on to the n	d not complete the rest of this form. If you answered "yes," provide the name next question.) f each person or organization you are representing:
Are you being paid for your representat	ion?
	paid duties for this person or organization? Yes No d not complete the rest of this form If you answered "yes," go on to the next
Information Hea	Common Council) 5 minutes uring 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
	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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	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:	1-	17	-	0(^ _		1	•

Registration Statement	COMMON COUNCIL COMMITTEE
Please Print 02588	PLEASE PRINT CLEARLY
Agenda No. 32	Name TODD ANDERSON Address 1714 Evile Ct Madicon W; 53704
Please check the appropriate boxes: Support Oppose	and Wish to speak Do not wish to speak Available to answer questions
	nization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name uestion)
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 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 mental body?
	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 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: 1/18/06

Registra	tion Statement -	COMMON CO	UNCIL	
		COMMITTEE		
Please Print				
	62588	PLEASE PRIN	IT CLEARLY	
	20	Name	Oick Smith	_
Agenda No.		Address	2810 Crogs Roads L	1
			Bick Smith 2810 Crossassols D. Manion, NI 53718	-
				
Please check the app	propriate boxes:			
Support		and	☐ Wish to speak	ŧ.
Oppose			Do not wish to speak	
	upport Nor Oppos	(e	Available to answer questions	; -
	you representing an orga			
	o, " SIOP; you need no it and go on to the next q		his form. If you answered "yes," provide the nam	e
Name, address and t	elephone number of eac	h person or organizatio	on you are representing:	Å.
				7.
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Are you being paid	for your representation?		∐ Yes ☐ No	
	s part of your other paid			:
	o," STOP; you need no	t complete the rest of ti	his form. If you answered "yes," go on to the nex	ct
question)				
Speaking Limits:	and the second s	nmon Council)5 mi	inutes	
	Information Hearing	化氯化甲基苯基苯基甲基苯酚 化二氯基甲二基	inutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	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 b that:	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 f the City-County Building, Madison, for more information.)
Date	Signature
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	Date:	· :
	CITY OF MADISON	
Registration Statement	COMMON COUNCIL COMMITTEE	
Please Print 02588	PLEASE PRINT CLEARLY	
	Name PRASAD RAVT	
Agenda No. 32	Address 2810 CROSSROADS DR	
	MADISON, WI 53718	
Please check the appropriate boxes:		
 ✓ Support ☐ Oppose ☐ Neither Support Nor Oppose 	and Wish to speak Do not wish to speak Available to answer questions	
	nization or a person other than yourself: \[Yes \] No complete the rest of this form. If you answered "yes," provide the name the state of the provide the name of the state of the state of the provide the name of the state o	ne
	n 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

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

question)

Speaking Limits:

	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 b that:	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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	Date: 1-17-86
	CITY OF MADISON
Registration Statement	COMMON COUNCIL COMMITTEE
Please Print 02588	PLEASE PRINT CLEARLY
Agenda No. 52	Name Bryan Schenker Address 120 W Gorham St Malison, W+ 53703
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 organ (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	a person or organization you are representing:
Restect Services, 1:	20 W Gorham St Madison UT \$3703
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 next
Speaking Limits: Public Hearing (Com	mon Council)5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 be that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information)			
Date 1)-36 Signature 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	Print Name Bryan Schenker		

Date: /17 /06

Registration Statement -	COMMON CO	DUNCIL
Please Print ©2588	PLEASE PRI	INT CLEARLY
Agenda No.	NameAddress	Mary Bean 404 Tompkins Dr Madison Wt
Please check the appropriate boxes:		
 ☐ Support ☑ Oppose ☐ Neither Support Nor Oppose 	and S e	d
At this meeting are you representing an orgality ou answered "no," STOP ; you need not of who you represent and go on to the next of the	ot complete the rest of i	other than yourself: Yes No find this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organizati	ion 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)		n or organization?
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	化氯化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	ninutes ninutes ninutes

	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)	
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Date	Signature	
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