Date: April 18, 2006

CITY OF MADISON

Registration Statement	COMMITTEE
Please Print 01295	PLEASE PRINT CLEARLY
/ / / / / / / / / / / / / / / / / / /	Name DARYL K-SHERMAN Address 3106 Gregory St
Agenda No. 01295/33	Address 3106 Gregory St
	Madison 537//
Please check the appropriate boxes:	
	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 organ (If you answered "no," STOP; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
Dudgen Monroe Neighbo	hood Association 3200 Mourse St. 238-510
Are you being paid for your representation?	☐ Yes 🔼 Yo
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
1	mon Council) 5 minutes
Information Hearing Other Items	人名法巴西 医二氏病 医克拉氏管 医基金氏菌 医二甲二甲二甲基乙二甲基乙二甲基乙二甲基乙二甲基乙二甲基乙二甲基乙二甲基乙二甲基酚二甲基酚二甲二甲二甲基酚二甲二甲基乙二甲基酚二甲基乙二甲基乙二甲基乙二甲基乙二甲基乙二甲基乙二甲基乙二甲基乙二甲基乙二甲基乙

	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 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?
	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 MADISON
Registra	tion Statement -	Common Council COMMITTEE
Please Print	01295	
		PLEASE PRINT CLEARLY DEL MARKIF
Agenda No. 🔰	3	Name GRES / /////CE Address 146 BRANFORD LN
		MADISON WY 5371;
Please check the app	propriate boxes:	
Support		and Wish to speak
Oppose		Do not wish to speakAvailable to answer questions
Neither S	upport Nor Oppos	
If you answered "no		anization or a person other than yourself: Yes No t complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and to	elephone number of eac	h person or organization you are representing:
Are you being paid f	or your representation?	☐ Yes ☐ No
		I duties for this person or organization? Yes No t complete the rest of this form If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes
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Date	Signature
	Print Name

Date: Apri/18, 2006

CITY OF MADISON

Registrat	ion Statement -	COMMITTEE COMMITTEE		
Please Print) 1295	PLEASE PRINT CLEARLY		
Agenda No3	3	Name Kathryn Le Address 3106 Greg Madison	derhause ory St.	
Please check the appr	opriate boxes:	Madiso	n WL 53711	
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)			ате	
Name, address and telephone number of each person or organization you are representing:				
Are you being paid fo	or your representation	?	☐ Yes ☐ No	
		d duties for this person or organization? ot complete the rest of this form. If you ar	Yes No nswered "yes," go on to the r	next
Speaking Limits:	Public Hearing (Con Information Hearing			

	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)
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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?
	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

Date: 4	18-0b	

CITY OF MADISON

Registration	Statement - <u>Con</u> comm	nmon C	ouncii		
Please Print	295	PI FASE P	RINT CLEARLY		
		Name	Jean Mac Lu 3530 Heather Madi3on 537	hhò	
Agenda No.		A ddress	3520 Heather	CINOCK	
		Address	1100200127	LAG	
Please check the appropria Support			nd Wish to spea	ak	
	Oppose Neither Support Nor Oppose Available to answer questions			tions	
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 you	r representation?			Yes	□ No
Are you appearing as part of (If you answered "no," ST question)				☐ Yes wered "yes,"	No go on to the next
Info	olic Hearing (Common Co formation Hearing er Items	3	minutes		

Are you an ele	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 answered "no" to the question, go on to the next question)
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Date 4-18	5-06 Signature Jam Mar Cerbbin Print Name Jean M. Mac Cerbbin
	Print Name Jean M. Mac Cerbbin