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Date: 6			1000	

City of Madison Registration Statement - Common Council

Please Print		
		PRINT NAME CLEARLY
		Name PASEMNAN LOT
Agenda No.	2/	Name KOSEMARY LETE Address III W WILSON ST #108
		Address III WWC900 J 1 4100
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At this meeting are	vou renresenting an organiz	ation or a person other than yourself: Yes No
		implete the rest of this form. If you answered "yes," (go on to the next
question)		
Name, address and	telephone number of each po	erson or organization you are representing:
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Are you being paid	for your representation?	☐ Yes ☐ No
Are you appearing a	as part of your other paid dut	ies for this person or organization? Yes No
(If you answered "r question.)	no," STOP; you need not co	mplete the rest of this form. If you answered "yes," go on to the next
quesiiii.)		
Speaking Limits:	Public Hearing.	5 minutes
	Information Hearing	
	Other Items	3 minutes

Are you an governmenta	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 be that:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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 the principal is registered with the City Clerk?
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?
	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

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City of Madison Registration Statement - Common Council

Please Print		PR	INT NAME CLE	ARLY
	5 1	Name JE	RRY BOUK	29UM
Agenda No.	4	Address DIM	BISION -TV	-MADISON
			SURET ARCHI	TECT
		3)	3W. BEUT	拟E #161
Please check the ap	ppropriate boxes:			
Support			Oppose	
Wish to	o speak		Wish to speak	
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	telephone number of each p		ou are representing:	
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Are you being paid	for your representation?		Y 0	es 🗌 No
	as part of your other paid du ao," STOP; you need not co			
Speaking Limits:	Public Hearing			
	Information Hearing			
	Other Items	3 minute		

	Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?							
(If you answe this form. If y	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 \$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?							
(If you answer Office at Room	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.)							
Date	Signature							
	Print Name							

00783

Date: May 3, 2005

City of Madison Registration Statement - Common Council

Please Print			
		PRINT, NAM	IE CLEARLY
	-71	Name Ray Mite	- Dimension II
Agenda No.		Address 313 No	+ Bellin
		Morest A	whitest
Please check the ap	ppropriate boxes:		
X Sunnart			
Support Wish to	r cneak	☐ Oppose ☐ Wish to sp	
	wish to speak	Do not wis	
	ole to answer questions		o answer questions
Name, address and	telephone number of each pe	erson or organization you are represen	ting:
	Man Maca		
Are you being paid	for your representation?		∭Yes □ No
Are you appearing a	us part of your other paid dut	ies for this person or organization?	
		mplete the rest of this form. If you ans	
Speaking Limits:	Public Hearing	5 minutes	
	Information Hearing	人名马克 化氯化丁基 医二甲基二甲基二苯 医二甲基甲基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	
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Are you an governmental	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
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If you are be that:	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? \times \times \text{No} \text{No}
2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes \sum 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?
	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.) M3. U05 Signature
	Print Name / Ray White

00783

Date: May 3, 2005

City of Madison Registration Statement - Common Council

Please Print			
		PRINT NAME CLEARLY	
		Name JUSTIN MOG	
Agenda No. Z		Address 315 N. /2015-11 54.	
		Name Justin MoG Address 315 N. Ingersell 54. Madison, w1 53703	
Please check the ap	opropriate boxes:		
☐ Support		Oppose	
☐ Wish to	o speak	☐ Wish to speak	
	wish to speak	Do not wish to speak	
∐ Availal	ble to answer questions	Available to answer questions	
Name, address and	telephone number of each p	erson or organization you are representing:	
Are you being paid	for your representation?	☐ Yes ☐ Ño	
		ies for this person or organization? Yes No puplete the rest of this form. If you answered "yes," go on to the rest of the second sec	next
Speaking Limits:	Public Hearing	5 minutes	
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	Other Items		

Are you an governmenta	lected official who is appearing solely on behalf of your office or for your municipality or other body?			
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Date	Signature			
	Print Name			

Date:			

City of Madison Registration Statement - Common Council

Please Print			PRINT NAM	E CLEAF	XLY
	9	Name A	ımanda f	ulle	
Agenda No		Address	515 N. Ina	ersoll	
			smanda f 315 N Ing Madison w	1 537	23
Please check the ap	ppropriate boxes:				
	that the total the first term to the first term to the term to	A	☐ Wish to sp ☐ Do not wis		tions
	you representing an organize no, "STOP; you need not co				
	telephone number of each p	이 아이를 가고 하는 것 같은 그들이 얼마나 있었다.			
represent n	ny selfonly	(608) 260 -	0977		
Are you being paid	for your representation?			☐ Yes	⊠No
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Are you ar	elected official who is appearing solely on behalf of your office or for your municipality or other al 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)
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Date	Signature
	Print Name

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