	Date:
	CITY OF MADISON
Registration Statement -	Common Council
Please Print	COMMITTEE  PLEASE PRINT CLEARLY
Agenda No. 58, 59,60	Name Munich Slums Address 5166 Cemench way  Malisa VI 53704
Please check the appropriate boxes:	Mouse
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," <b>STOP;</b> you need not of who you represent and go on to the next quant	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
are you being paid for your representation?	☐ Yes 💆 No
Tre you appearing as part of your other paid If you answered "no," <b>STOP</b> ; you need not uestion)	duties for this person or organization?   Yes Proposition Yes, "go on to the next 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 nmental body?
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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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-	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
	indication, and indicate in a Print Name of the control of the con

Date: Jan 17, 07

Registration Statement	Common Council COMMITTEE
Please Print 64 939	PLEASE PRINT CLEARLY
Agenda No. 58	Name Dorothy Wheeler Address 1639 Haas 5+ Wadison W1 53704
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
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	mon Council) 5 minutes 3 minutes

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Date: 11/17/07

Registration Statement	Common Council
	COMMITTEE
Please Print 04939	PLEASE PRINT CLEARLY
2/-0/-	Name Dan Sebald
Agenda No. <u>58/59/60</u>	Address 1553 Adams St #AB
	Madison, WI 53711
Please check the appropriate boxes:	
Support Oppose	and ⊠ Wish to speak ☐ Do not wish to speak
<ul><li>✓ Oppose</li><li>Neither Support Nor Oppose</li></ul>	Available to engineer assertions
of who you represent and go on to the next qu	complete the rest 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 of (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 (Communication Hearing) Other Items	mon Council)5 minutes 3 minutes

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Date	Signature
	Print Name

	CITY OF MADISON
Registration Statement	Common Council
Please Print 0 4939	PLEASE PRINT CLEARLY
Agenda No. <u>58-60</u> Charctel	Name BIII Worth Address 2708 Lateland Hor
Cherckel	Madesni
Please check the appropriate boxes:	
<ul><li>Support</li><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	and Wish to speak  Do not wish to speak  Available to answer questions
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	person or organization you are representing:
B	erclee Park Inc 86-3786
Are you being paid for your representation?	4 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
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Date	11	667 Signature Will William
	L.	Print Name (1) Illian F. White

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Date:	1/16	1	07	1.5	
5.00					

Registration Statement	Common Council
	COMMITTEE
Please Print 04939	PLEASE PRINT CLEARLY
Agenda No. 58-60	Name Tim Anderson
Agenda No.	Address 717 John Noten Drine
	Madison, W1 53717
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," <b>STOP</b> ; 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	person or organization you are representing:
Cheroke Part, In	
Are you being paid for your representation?	☑ Yes ☐ No
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Date //	16/07 Signature Jenny L. Culum Print Name Tim othy L. Anderson

Date: 16 Jan 07

Registration Statement	t - <u>Common Co</u>	uncil	
	COMMITTEE		
Please Print 04939		NT CLEARLY	
Agenda No 58 - 60	Name	Rob Monto 2820 Walta	owery
Agenda No. 50-00	- Address	2820 Walta	Common ales
Please check the appropriate boxes:		Soite 135 Modisan	
Support Oppose	and	Wish to speak Do not wish to spea  Available to answe	
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Are you being paid for your representation	on?		Yes No
Are you appearing as part of your other p (If you answered "no," STOP; you need question)			
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Date 16/0	y 2007 Signature MASS Montgowez  Print Name Right J. Montgowez