| | CITY OF MADISON |
|--|---|
| Registration Statement | COMMON COUNCIL |
| Please Print 03556 | COMMITTEE PLEASE PRINT CLEARLY |
| | Name Marsha Rummel |
| Agenda No. | Address 1339 Rutledge 87 # 2 |
| | Name Marsha Rummel Address 1339 Rutledge 87 # 2 Madison W1 537=3 |
| Please check the appropriate boxes: | |
| SupportOpposeNeither Support Nor Oppose | and Wish to speak Do not wish to speak Available to answer questions |
| of who you represent and go on to the next qu | complete the rest of this form. If you answered "yes," provide the name uestion) |
| Name, address and telephone number of each Mary with Neighbor | |
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| | |
| 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 |
| Information Hearing | mon Council) 5 minutes 3 minutes 3 minutes |

Date: 7-11-0,6

| The second secon | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No |
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| | 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: | being paid for your representation, or if your appearance is part of other paid duties, please be advised |
| | 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 |
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| Date: | 07. | 11.0 | 0 | |
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| Registration Stateme | nt - <u>COMMON COUNCIL</u> |
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| Please Print | PLEASE PRINT CLEARLY |
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| Arondo No. 628 | |
| Agenda No. | Address 450 N. BALDWIN |
| | |
| Please check the appropriate boxes: | |
| Support Oppose Neither Support Nor O | and Wish to speak Do not wish to speak Available to answer questions |
| At this meeting are you representing a (If you answered "no," STOP ; you ne of who you represent and go on to the | n organization or a person other than yourself: Yes No red not complete the rest of this form. If you answered "yes," provide the name next question) |
| Name, address and telephone number | of each person or organization you are representing: |
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| | |
| Are you being paid for your representa | ation? Yes No |
| Are you appearing as part of your other (If you answered "no," STOP; you need question.) | er paid duties for this person or organization? Yes INo eed not complete the rest of this form. If you answered "yes," go on to the next |
| Information He | (Common Council) 5 minutes earing 3 minutes 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 nental body? |
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| | 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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| Date | Signature |
| | Print Name |

| | | Date: | 7/11/08 |
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| | CITY OF MADISON | | |
| Registration Statement - | Common Counc | 1 | |
| Please Print | PLEASE PRINT C | LEARLY | |
| | Name | MICHAGE JAC | COB |
| Agenda No. | Address 4 | MICHAEL JAC 10 RUSSELL S MADISON NI | , |
| | | MADISON NI | 53704 |
| Please check the appropriate boxes: Support Oppose Neither Support Nor Oppos 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 of | e inization or a person other t complete the rest of this j | | er questions Yes ☑ No |
| Name, address and telephone number of eac | h person or organization y | ou are representing: | |
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| | | | |
| 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) | duties for this person or c t complete the rest of this | organization? | Yes \[\] No "yes," go on to the nex |

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

Speaking Limits:

| Are you an el other governn | ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? | |
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| | 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: | ing paid for your representation, or if your appearance is part of other paid duties, please be advised | |
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| Date | Signature | |
| | Print Name | |

| | | | | Date: | | - . |
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| | | CITY OF MADI | SON | | | |
| Registrat | ion Statement - | COMMON C | OUNCIL | | | |
| | | COMMITTEE | | | | |
| Please Print | | PLEASE PF | RINT CLEARLY | | | |
| 4 | | Name | Paul | Muench | | |
| Agenda No. #8 | 12 | Address | 601 Pic | broad St. | | |
| | | | | a W 5 | | |
| Please check the app | ropriate boxes: | | | | | |
| Support | | ar | nd 🌠 Wish | to speak | | |
| Oppose | | | | ot wish to speak | | |
| 77 T | upport Nor Oppos | e | ∐ Avai | lable to answer que | estions | |
| (If you answered "no of who you represent | ou representing an organ, "STOP; you need not and go on to the next of the property of each of the next of each of the next of | t complete the rest o question) | f this form. If ye | ou answered "yes, | M No " provide the nan | ne |
| ivalije, audiess alid k | siephone number of eac | in person or organiza | | , | | |
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| | | | | | | |
| Are you being paid f | or your representation? | | | ☐ Yes | ☐ No | |
| Are you appearing as If you answered "no question) | s part of your other paid o, " STOP; you need no | l duties for this person to to the rest of | on or organizati of this form If y | on? | . | ext |
| Speaking Limits: | Public Hearing (Con Information Hearing Other Items | nmon Council) 5 | minutes minutes minutes | | | |

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No |
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| | 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 |
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| Date | Signature |
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Date: 11 Ju/01

| Registration Statement | COMMITTEE |
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| Please Print | PLEASE PRINT CLEARLY |
| Agenda No. 33588 | Name Dave Carrig Address 645 StyviewP/#10 Madison W1537/3 |
| 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 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: |
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| | |
| 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 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 |

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? |
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| | 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 |

Date: <u>1-//-06</u>

| Registration Statement | - COMMON COUNCIL |
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| Please Print | |
| | PLEASE PRINT CLEARLY |
| | Name Xuran Ramuta |
| Agenda No. | Address 2/0 Marinette Mr. |
| | Madiban |
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| Please check the appropriate boxes: | |
| | and Wish to speak |
| Support | and \searrow wish to speak Do not wish to speak |
| Oppose Neither Support Nor Oppo | Available to answer questions |
| Netther Support Not Opport | |
| At this meeting are you representing an or | ganization or a person other than yourself: Yes No |
| (If you answered "no," STOP ; you need to of who you represent and go on to the nex | not complete the rest of this form. If you answered "yes," provide the name |
| of who you represent and go on to the nex | i que suon) |
| Name, address and telephone number of e | ach person or organization you are representing: |
| | |
| | 1. // / / / / / / / / / / / / / / / / / |
| 015 C. Wa | en. ave. |
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| | |
| Are you being paid for your representation | $ \mathbf{Y}^{\mathbf{Y}} $ |
| Are you appearing as part of your other pa | aid duties for this person or organization? |
| (If you answered "no," STOP; you need | not complete the rest of this form. If you answered "yes," go on to the next |
| question) | 회문 현재 회문의 회사들은 일 등 등 등은 기가를 지내고 보는 물을 보았다. |
| Speaking Limits: Public Hearing (Co | ommon Council) 5 minutes |
| Information Hearin | ng 3 minutes |
| Other Items | 3 minutes |

| Are you an eleother governm | ected official or employee who is appearing solely on behalf of your office or for your\municipality or nental body? |
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| | 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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| _ | the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information) |
| Date <u> </u> | 1-06 Signature Musan Schmetz |
| | Print Name SUSan Schmitz/ |

| | Date: 7/11/06 |
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| | CITY OF MADISON |
| Registration Statement | Common Council |
| Please Print | PLEASE PRINT CLEARLY |
| | Name Jim SKRENMY |
| Agenda No. | Name Jim SKRENTNY Address 511 E. MAIN |
| | MOZIUAM |
| Please check the appropriate boxes: | |
| Support | and Wish to speak Do not wish to speak |
| OpposeNeither Support Nor Oppose | Available to answer questions |
| At this meeting are you representing an organ | nization or a person other than yourself: \(\overline{\text{Y}} \) Yes \(\overline{\text{No}} \) No 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: |
| CAPITOR NEIGHBORHODE |)s inc. |
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| | |
| 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 to 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

Speaking Limits:

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No |
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| Date | Signature |
| | Print Name |

Date: 7/11/06

| Registration Statement | COMMON COUNCIL |
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| | COMMITTEE |
| Please Print | PLEASE PRINT CLEARLY |
| | Name Cabl Hibrect |
| Agenda No. | Address 3745 Manmoth To |
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| Please check the appropriate boxes: Support | and Wish to speak |
| Oppose | Do not wish to speak |
| Neither Support Nor Oppose | Available to answer questions |
| (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 | |
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| 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? |
| Information Hearing | mon Council) 5 minutes 3 minutes 3 minutes |

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| Date | Signature |
| | Print Name |

Date: 7/11/06

| Registration | Statement - COMMON COMMITTEE | COUNCIL |
|---|---|--|
| Please Print | | PRINT CLEARLY |
| Agenda No. | Name Address | EARNESTINE MOSS 1729 BROWNing Rd. Malison, WI 5.3704 |
| At this meeting are you re (If you answered "no," ST | ort Nor Oppose | and Wish to speak Possibly Do not wish to speak Do not wish to speak Available to answer questions Son other than yourself: Yes No st of this form If you answered "yes," provide the name |
| Name, address and telepho | one number of each person or organ | nization you are representing: |
| Communit | tounted | |
| Are you being paid for you Are you appearing as part (If you answered "no," State question) | of your other naid duties for this p | Yes No erson or organization? Yes No est of this form. If you answered "yes," go on to the ne |
| In | blic Hearing (Common Council) formation Hearing her Items | 5 minutes 3 minutes 3 minutes |

| Are you an ele other governme | ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? |
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| (Please go to 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 he City-County Building, Madison, for more information.) |
| Date | Signature |
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Date: 7 1 0 6

| Registrati | on Statement | COMMON C | COUN | ICIL | | |
|--------------------------------|-----------------------------|--|----------|--|----------------|---------------------|
| | | COMMITTEE | | | | |
| Please Print | | | | | | |
| | | PLEASE P | | | | |
| Q | | Name _ | Al × | x Salor 18 Hav | 1103 | |
| Agenda No. O | | Address | 38 | 18 Hav | Kwand | &N |
| | | | <i></i> | | | |
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| Please check the appr | opriate boxes: | | | | | |
| | | | and | Wish to sno | -ak | |
| Support | | | ind | Wish to spo Do not wis Available t | h to speak | |
| Oppose | nnort Nor Onnog | | | Available t | o answer ques | tions |
| X Neither Su | pport Nor Oppose | | | | | |
| At this meeting are yo | ou representing an organ | nization or a perso | n other | than yourself: | Yes | ⊠ No |
| (If you answered "no, | " STOP; you need not | complete the rest | of this | form. If you an | swered "yes;" | provide the name |
| of who you represent | and go on to the next q | uestion) | | | | |
| Name, address and tel | lephone number of each | n person or organiz | zation y | you are represen | ting: | |
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| | | | | | □ 17 7 | Mar |
| Are you being paid for | r your representation? | | | | ☐ Yes | IXI No |
| Are you appearing as | part of your other paid | duties for this per | son or o | organization? | Yes | ☐ No |
| (If you answered "no question) | ," STOP; you need not | complete the rest | of this | form. If you an | iswered "yes,' | ' go on to the next |
| Speaking Limits: | Public Hearing (Com | mon Council) | 5 minu | tes | | |
| | Information Hearing | endakaranninna sama sassasia. Tarihi sassasia | 3 minu | tes | | |
| | Other Items | annas commune commune communes (1918). | 3 minu | tes | | |

| | lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
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| Date | Signature |
| | Print Name |

Date: 7/1/26

| Registration Statement | COMMON COUNCIL COMMITTEE |
|--|---|
| Please Print | PLEASE PRINT CLEARLY |
| Agenda No. | Name Lise Subeck Address 8185. Coammon RD. Het Modwon CDI 53719 |
| Please check the appropriate boxes: Support Oppose Oppose Neither Support Nor Oppose | and Wish to speak Do not wish to speak Available to answer questions |
| | |
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| 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 |
| Information Hearing | mon Council) 5 minutes 3 minutes 3 minutes |

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| Date | Signature |
| | Print Name |

| Please check the appropriate boxes: Support | | | | | Date: | |
|---|--|--|--|----------------------------------|--|---------|
| Please Print PLEASE PRINT CLEARLY Name Address Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose 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 nam of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Myself Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "Yes," go on to the near question.) Speaking Limits: Public Hearing (Common Council) | | | CITY OF MA | DISON | | |
| Please Print PLEASE PRINT CLEARLY Name Address Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose 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 nam of who you represent and go on to the next question.) Name, address and telephone number of each person or organization you are representing: Myself Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "Yes," go on to the near question.) Speaking Limits: Public Hearing (Common Council) | Registrat | tion Statement - | Common | Council | | |
| Please check the appropriate boxes: Support | 1.691311.4 | | | | | |
| Name Math Mei 2r Address Please check the appropriate boxes: Support 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) Name, address and telephone number of each person or organization you are representing: My Get f Are you being paid for your representation? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the near question) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing | Please Print | | PI FASF | PRINT CI F | ARI Y | |
| Address Address | | | | | | |
| Please check the appropriate boxes: Support | 114 | | Name | Practi | rier er | |
| Support Oppose Neither Support Nor Oppose 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 nan of who you represent and go on to the next question) Name, address and telephone number of each person or organization you are representing: Mygelf Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nequestion.) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing | Agenda No. L | | Address | | | |
| Support Oppose Neither Support Nor Oppose 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 nan of who you represent and go on to the next question) Name, address and telephone number of each person or organization you are representing: Mygelf Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the nequestion.) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing | | | | | | |
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| | Speaking Limits: | Information Hearing | 3 | 3 minutes | | |

| | | ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? |
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| | | 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 that: | are be | ing paid for your representation, or if your appearance is part of other paid duties, please be advised |
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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: 6 1 -06

| Registrati | on Statement - | Common Council |
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| Please Print | | <u> </u> |
| | | PLEASE PRINT CLEARLY |
| | 9 | Name TOM HIRSON |
| Agenda No. | | Address 14 V Men 5. |
| | | |
| | | |
| Please check the appr | opriate boxes: | |
| Support | | and Wish to speak |
| Oppose | | Do not wish to speak V Available to answer questions |
| Neither Su | pport Nor Oppose | V Available to all swell questions |
| (If you answered "no | ou representing an organ," STOP; you need not a and go on to the next qu | ization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name |
| | | |
| Name, address and te | lephone number of each | person or organization you are representing: |
| | Howard | X COMMHEL |
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| | | |
| Are you being paid for | or your representation? | All file de de de la |
| | | duties for this person or organization? Yes VNo |
| (If you answered "no | part of your other paid of," STOP ; you need not | duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next |
| question) | | 를 즐러게 되었습니다 이 사람은 학교들을 보고 만드리기를 보였다. |
| Speaking Limits: | Public Hearing (Comr | non Council) 5 minutes |
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| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No |
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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: 7/15/06

CITY OF MADISON

Registration Statement -

| Registration Statement | - COMMON COUNCIL |
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| | PLEASE PRINT CLEARLY |
| | Name FLORENCE ZMUDZINSK |
| Agenda No. | Name FLORENCE ZMUDZINSK Address 110 S. HENRY ST #510 MADISON, WI 53703 |
| | MADISON. WI 53703 |
| | |
| Please check the appropriate boxes: | 나 마늘이 얼마를 살아 하는 것이 말라면 하는 것이 없는데 얼마를 받는다. |
| ⊠ Support | and Wish to speak |
| Oppose | Do not wish to speak |
| Neither Support Nor Opp | ose Available to answer questions |
| (If you answered "no," STOP; you need to of who you represent and go on to the nex | rganization or a person other than yourself: Yes No not complete the rest of this form If you answered "yes," provide the name at question.) Each person or organization you are representing: |
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| | 우리의 아들은 말은 불통을 가지 않고를 살고 말을 수 하는 것으로 한 |
| Are you being paid for your representation | n? |
| Are you appearing as part of your other pa (If you answered "no," STOP ; you need a question) | aid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next |
| Speaking Limits: Public Hearing (Co | ommon Council) 5 minutes |
| Information Hearing | ng3 minutes |
| Other Items | 3 minutes |

| Are you an eleother governm | ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? |
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| , . | 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 bei that: | ng paid for your representation, or if your appearance is part of other paid duties, please be advised |
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| • • • | the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information) |
| Date | Signature |
| | Print Name |

Date: 7/10/06

| Registration Statement | Common Council |
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| Please Print | |
| | PLEASE PRINT CLEARLY |
| | Name Carol Kiernel |
| Agenda No. | Address 2769 Marshall Phus |
| | Name Carol Kiernel Address 2769 Marshall Phusy 53213 |
| | |
| Please check the appropriate boxes: | 본러 살 옷 하고 하는 사람들은 것 같아. 그렇게 먹었는 그는 것 같아. |
| | and Wish to speak |
| Support Oppose | Do not wish to speak |
| Neither Support Nor Oppose | Available to answer questions |
| | 하는 사람들은 보다 보다는 사람이 말을 하는 것 같아. 다음을 다 보는 것 같아. |
| At this meeting are you representing an organ | |
| of who you represent and go on to the next qu | complete the rest of this form. If you answered "yes," provide the name uestion) |
| | 그는 이 가장 이상 소급 사이는 아니라는 말을 다녔. |
| | n person or organization you are representing: |
| League of Women Vote | is of Dane Co, 231-9447 |
| 2712 Marshall G. | ers of Dane Co, 231-9447 Sute 2 |
| | |
| Are you being paid for your representation? | ☐ Yes ☐ No |
| A | duties for this person or organization? Yes No |
| Are you appearing as part of your other paid (If you answered "no." STOP: you need not | duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next |
| question) | |
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| | mon Council) 5 minutes 3 minutes |
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| • | elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? |
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| • | 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 |

Date: __/____

| Registration Statement - | Common Council |
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| Please Print | |
| | PLEASE PRINT CLEARLY |
| | Name Russell Novition |
| Agenda No. | Address 48175he VoybanAve 508 |
| | Mad SAN W 153705-2917 |
| | |
| Please check the appropriate boxes: | |
| | and Wish to speak |
| Support Oppose | Do not wish to speak |
| Neither Support Nor Oppos | e Available to answer questions |
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| At this meeting are you representing an orga (If you answered "no." STOP : you need not | nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name |
| of who you represent and go on to the next q | |
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| Name, address and telephone number of eac | in person of organization you are representing. |
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| 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 |
| | t complete the rest of this form. If you answered "yes," go on to the next |
| Speaking Limits: Public Hearing (Con | nmon Council)5 minutes |
| Information Hearing | 3 minutes |
| Other Items | 3 minutes |

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No |
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| If you are be that: | eing paid for your representation, or if your appearance is part of other paid duties, please be advised |
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| | 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 | The state of the s |
| | Print Name |

| 그 오른 기가 한 일반로 한 목 가는 반으로 살이 | Date: |
|---|--|
| | CITY OF MADISON |
| Registration Statement - | Common Council COMMITTEE |
| Please Print | |
| | PLEASE PRINT CLEARLY |
| | Name Darren Schaugh Address 802 Williamson St #2 Madison WI 53763 |
| Agenda No. | Address 802 Williamson St #2 |
| | Madison, WI 53/03 |
| Please check the appropriate boxes: | |
| Support Support | and Wish to speak |
| Oppose | Do not wish to speak Available to answer questions |
| Neither Support Nor Oppo | se |
| At this meeting are you representing an org (If you answered "no," STOP ; you need no of who you represent and go on to the next | ot complete the rest of this form. If you answered "yes," provide the name |
| Name, address and telephone number of ea | ch person or organization you are representing: |
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| | |
| Are you being paid for your representation | ? |
| Are you appearing as part of your other pai (If you answered "no," STOP; you need nate question) | d duties for this person or organization? |
| Information Hearin | mmon Council)5 minutes g3 minutes 3 minutes |

| | elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? |
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| | 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 |
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| | to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at the City-County Building, Madison, for more information.) [7] [1] [0] Signature |
| | Print Name (Darren Sch. 16 |

Date: 7-1/06

| Registration Statement | Common Council COMMITTEE |
|---|---|
| Please Print | PLEASE PRINT CLEARLY |
| Agenda No. | Name Bridget Kûgers Address 502 Williamson St.#1 Madison, WI 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 orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q | 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 |
| 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 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 |

| Are you an el other governn | | byee who is appearing solely on behalf of your office or for your municipality or Yes No |
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| | | ion, STOP. You need not complete the rest of this form, except that you must sign he question, go on to the next question) |
| If you are beithat: | ing paid for your rep | esentation, or if your appearance is part of other paid duties, please be advised |
| | Before you engage with the City Clerk | n lobbying as a lobbyist, you or your principal must file an authorization |
| 2. | Your principal is n City Clerk | t permitted to authorize you to lobby unless you are registered with the |
| 3. | | ends or will owe more than \$1,000 for lobbying services in any reporting the principal must file expense statements with the City Clerk for the endar year? |
| | | ebsite <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ng, Madison, for more information) |
| Date | 11-06 | Signature BAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA |
| | | Print Name BYI aget Rogers |
| | | |

Date: 7/11/06

| Registration Sta | COMMITTEE |
|---------------------------------|--|
| Please Print | PLEASE PRINT CLEARLY |
| | |
| Q | Name Amy Weidert |
| Agenda No. | Address 802 Williams in 5+ #2 |
| | Madisan 53703 |
| Please check the appropriate b | oxes: |
| \bowtie | and Wish to speak |
| Support | 'Do not wish to speak |
| Oppose Neither Support I | Available to answer questions |
| | |
| At this meeting are you represe | enting an organization or a person other than yourself: Yes No |
| | ; you need not complete the rest of this form. If you answered "yes," provide the name |
| of who you represent and go o | n to the next question.) |
| Name, address and telephone i | number of each person or organization you are representing: |
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| | |
| Are you being paid for your re | presentation? |
| Are you being paid for your re | presentation. |
| Are you appearing as part of y | our other paid duties for this person or organization? |
| | ; you need not complete the rest of this form If you answered "yes," go on to the next |
| question) | |
| | Hearing (Common Council)5 minutes |
| | ation Hearing 3 minutes |
| Otner i | tems3 minutes |

| | 나는 사람들은 사람들이 있는 사람들이 되었다. 물론 바로 보면 보고 한 학생들은 그 사람들은 사람들이 하는 것이 되었다. 나는 사람들이 하는 회사를 받는데 다른 사람들이 되었다. |
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| Are you an eleother governm | 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.) |
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| Date | U/O Signature |
| | Print Name Amy Weidert |

Date: 7///06

| Registrati | on Statement | COMMITTEE |
|--|--|--|
| Please Print | | |
| | | PLEASE PRINT CLEARLY |
| | | Name Egik Eriksson |
| Agenda No | | Address 305 S. Segre Rd. |
| | | Name Epik Eriksson Address 305 S. Segre Rd. Malwon, WI 53705 |
| Please check the appro | opriate boxes: | |
| | | |
| Support | | and ☐ Wish to speak ☐ Do not wish to speak |
| Oppose Noither Su | pport Nor Oppose | Available to answer questions |
| Theither Su | pport ivor Oppose | |
| At this meeting are yo | u representing an organ | nization or a person other than yourself: Yes No |
| | " STOP; you need not and go on to the next q | complete the rest of this form. If you answered "yes," provide the name |
| oj wno you represent | and go on to the next q | |
| Name, address and tel | ephone number of each | n person or organization you are representing: |
| | | |
| | | |
| | | |
| Are you being paid fo | r your representation? | ☐ Yes ☐ No |
| | | 오른 그들이 가는 사람들이라는 사이를 프라고 있다. 아이들의 |
| Are you appearing as (If you answered "no, question) | part of your other paid " STOP; you need not | 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 | |

| Are you an eleother governm | ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? |
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| | 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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| Date | Signature |
| | Print Name |

CITY OF MADISON

| Registration Statement | Common Council |
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| Please Print | |
| | PLEASE PRINT CLEARLY |
| | Name MARIANIE MORTON |
| Agenda No. | Address 610 SCHILLER CT. |
| | MADISON. WI53404 |
| | |
| Please check the appropriate boxes: | |
| Support amending the | Ordinance and Wish to speak |
| Oppose | Do not wish to speak Available to answer questions |
| Neither Support Nor Oppose | Available to answer questions |
| At this meeting are you representing an organ | nization 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 q | uestion) |
| Name, address and telephone number of each | n person or organization you are representing: |
| Comm | on Wealth Dust |
| 1501 | Williamson St. |
| Madiso | n W/53703 |
| Are you being paid for your representation? | Yes \(\square\) 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 question) | t complete the rest of this form. If you answered "yes," go on to the next |
| | mon Council) 5 minutes |
| | 3 minutes 3 minutes |
| | |

| | 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 | 7/11/06 Signature Marianne Morta |
| | Print Name MARIANTE MORTOR |

Date: 7/11/06

| Registra | tion Statement - | |
|-------------------------------|--|--|
| | | |
| Please Print | | |
| | | PLEASE PRINT CLEARLY |
| | \mathcal{O} | Name Harry Kichardson |
| Agenda No. | Δ | Name Harry Richardson Address 18 Sherman ter. No. 4 |
| | | Madisohret 5 3704 |
| | | |
| Please check the app | propriate boxes: | |
| D Support | | and Wish to speak |
| Oppose | | Do not wish to speak |
| = | upport Nor Oppos | Available to answer questions |
| | | 용의를 받으면 말을 하고 사람들은 경우는 사람들은 살이 되었다. 것은 |
| | | anization or a person other than yourself: Yes Z No |
| | o," STOP; you need no it and go on to the next q | t complete the rest of this form. If you answered "yes," provide the name |
| oj wno you represen | i ana go on to the next q | |
| Name, address and t | elephone number of eac | h person or organization you are representing: |
| | | |
| | | |
| | | |
| | | |
| Ana view haina naid d | for | |
| Are you being paid i | for your representation? | Yes No |
| Are you appearing a | s part of your other paid | I duties for this person or organization? Yes No |
| (If you answered "n question) | o," STOP; you need no | t complete the rest of this form. If you answered "yes," go on to the next |
| Speaking Limits: | Public Hearing (Com | nmon Council)5 minutes |
| | Information Hearing | |
| | Other Items | "我,我们是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们 |

| Are you an e other governr | lected 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: | 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 |

Date: 7/1/06

| Registration Statement - | - Common Council |
|--|---|
| Please Print | PLEASE PRINT CLEARLY |
| Agenda No. | Name Luip tyercito Address 130 W. Gilman #1 Madison, WI 53703 |
| Please check the appropriate boxes: | |
| Support Oppose Neither Support Nor Oppo | and Wish to speak Do not wish to speak Available to answer questions |
| At this meeting are you representing an orgalized (If you answered "no," STOP; you need no f who you represent and go on to the next | ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name 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 ☐ No |
| | nid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next |
| Information Hearin | ommon Council)5 minutes ng |

| | relected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or length of Yes No |
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| | wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign by 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 |
| 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 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 |