Date: 11/29/05

### City of Madison Registration Statement - Common Council

Please Print	
Agenda No. 63	Name Patricia G. Hoppe Address 4207 Bainbridge St. Madison, WI 53716
Please check the appropriate boxes:	
(If you answered "no," STOP; you requestion)	Oppose  Wish to speak Do not wish to speak Available to answer questions  an organization or a person other than yourself:  Pes No need not complete the rest of this form If you answered "yes," go on to the nex.  To feach person or organization you are representing:
Are you being paid for your represen	tation?
	ner paid duties for this person or organization?   Yes   No need not complete the rest of this form. If you answered "yes," go on to the next
	g 5 minutes  Iearing 5 minutes

Are you an ogovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?
(If you answe this form If y	red "yes" to the question, <b>STOP.</b> 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 betthat:	ing 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?
	red "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

Date:		•	٠.	1	'n	÷,	ċ.			100	1.		
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# City of Madison Registration Statement - Common Council

Please Print	
Agenda No. \(\sigma\)	Name Alayne Carimi Address 311 Southurg Grange Cottage Grove
Please check the appropriate boxes:	
☐ Support ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions	☐ Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
(If you answered "no," <b>STOP</b> ; you need requestion.)	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," go on to the next ach person or organization you are representing:
Are you being paid for your representation	? ☐ Yes ☐ No
Are you appearing as part of your other par (If you answered "no," STOP; you need n question)	id 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 Information Hearin Other Items	g 5 minutes

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
	ered "yes" to the question, <b>STOP.</b> 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: 29 Nov. 2005

## City of Madison Registration Statement - Common Council

Please Print			PRINT NAME CLEARLY
		Name	Sharon Henes
Agenda No. <u>lo</u>	3	Address	720 Crawford Drive
			CoHage Grove, WI 53527
Please check the a	ppropriate boxes:		
☐ Support			<b>∑</b> Oppose
	o speak		Wish to speak
	t wish to speak ble to answer questions		☐ Do not wish to speak ☐ Available to answer questions
Name, address and	l telephone number of each p	erson or organiz	ation you are representing:
Are you being paid	l for your representation?		☐ Yes ☐ No
Are you appearing	ng port of room other soid in	ties for this pers	on or organization?
question.)			of this form. If you answered "yes," go on to the next
		mplete the rest (	
question.)	no," <b>STOP;</b> you need not co	mplete the rest of	of this form. If you answered "yes," go on to the next

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

Data	$S_{1} = \frac{1}{2} \cdot \frac{1}{2}$	55/44		5.475	Jan.	4,54
Date:	3.5	S. 1975	A . A	1, 1		 100

# City of Madison Registration Statement - Common Council

Please Print		P	PRINT NAM	IE CLEAR	LY
Agenda No.	<i>9</i> 3	Name <u>I</u> Address <u></u>	DAVID 1207 B MAONO	HOPPE ambrida	2-3-5
Please check the ap	propriate boxes:			S	3716
At this meeting are (If you answered "in question.)	o speak wish to speak ble to answer questions you representing an organiz no, "STOP; you need not continue to be the search person of each person or speak to be the search person of each person or speak to be the search person of each person or speak to be the search person of each person or speak to be the search person of each person or speak to spea	mplete the rest of t	Available her than yourself: his form. If you ar	ish to speak to answer questi Yes nswered "yes," g	□ No
Are you being paid	for your representation?			☐ Yes	<b>No</b> No
	ns part of your other paid dut to," <b>STOP;</b> you need not co			☐ Yes nswered "yes," g	No No on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items		nutes		

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