Date: 18 13/05

City of Madison Registration Statement - Common Council

Please Print			Q n	
Agenda No.	2011 P	Name Address Address	JULA Jeres 4 UI	<u>UL</u> NUC St 537/4
Please check the ap	propriate boxes:			
At this meeting are (If you answered "requestion.)	wish to speak ble to answer questions you representing an organiz no," STOP; you need not co	Oppose Wish to sp Do not wis Available ation or a person other than yourself; mplete the rest of this form. If you an erson or organization you are represer	to answer ques Yes aswered "yes,"	No
Are you being paid	for your representation?		☐ Yes	No
		ties for this person or organization? mplete the rest of this form. If you an		No go on to the next
Speaking Limits:	Public Hearing Information Hearing	5 minutes 5 minutes		

Are you an elected official agovernmental body?	who is appearing solely on behalf of your	office or for your municipality or other Yes No
	question, STOP. You need not complete the o" to the question, go on to the next question	
If you are being paid for you that:	r representation, or if your appearance is pa	art of other paid duties, do you understand
1 Before you eng with the City C	gage in lobbying as a lobbyist, you or your p Clerk?	principal must file an authorization Yes No
2 Your principal with the City C	l is not permitted to authorize you to lobby Herk?	y unless the principal is registered Yes No
period (calend	oal spends or will owe more than \$500 for ar quarter), the principal must file expense quarters of the calendar year?	
	of the last three questions, please call the C -County Building, Madison, for more inform	
Date	Signature	
	Print Name	

Date: 12-13-05

City of Madison Registration Statement - Common Council

Please Print		
Agenda No.	7/	Name Lavid Hoppe Address 4207 Bainbridge St MADISON W
Please check the ap	propriate boxes:	5371
At this meeting are (If you answered "i question)	wish to speak ble to answer questions you representing an organization," STOP; you need not co	Oppose Wish to speak Do not wish to speak Available to answer questions The control of the c
Are you being paid	for your representation?	☐ Yes ☐ Xo
Are you appearing a (If you answered "n question)	ns part of your other paid dut to," STOP; you need not con	es for this person or organization? Yes Nonplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes 5 minutes

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	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:	sing 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?
	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	121	B	05	

Please Print	
Agenda No.	Name Path Hope Address 4207 Bainbridge St. Madison, WI
Please check the appropriate boxes:	
(If you answered "no," STOP; you need n question)	Oppose Wish to speak Do not wish to speak Available to answer questions ganization or a person other than yourself: For 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 pai (If you answered "no," STOP; you need no question)	d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing Information Hearing Other Items	5 minutes g 5 minutes

Are you an elected offici governmental body?	ial who is appearing solely on behalf of your	office or for your municipality or other Yes No
	the question, STOP . You need not complete the "no" to the question, go on to the next question.	
If you are being paid for y that:	your representation, or if your appearance is pa	urt of other paid duties, do you understand
1. Before you with the Ci	ı engage in lobbying as a lobbyist, you or your p ity Clerk?	orincipal must file an authorization Yes No
2. Your princ with the Ci	sipal is not permitted to authorize you to lobby ity Clerk?	vunless the principal is registered ☐ Yes ☐ No
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	any of the last three questions, please call the C City-County Building, Madison, for more inform	
Date	Signature	
	Print Name	

Date:	\underline{I}	2 -	13-	05	1.3	

Please Print		
		Name KOBERT VAN ETTEN Address 4408 WALLACE AV
Agenda No.		Address 4408 WALLACE AV
		MOHONA W1 53716
Please check the ap	opropriate boxes:	MORONA FIRE CHIEF
Support		∑ Oppose
☐ Wish to		Wish to speak
	wish to speak	Do not wish to speak
∐ Availa	ble to answer questions	Available to answer questions
CITY OF W	DONONA FIRE D	person or organization you are representing: シンプ
5211 3	HLUTER RD	
MONONA	WI 53716	222-2528
Are you being paid	for your representation?	☐ Yes ☑No
Are you appearing	as part of your other paid d	uties for this person or organization?
		complete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing	5 minutes
	Information Hearing	5 minutes
		3 minutes

Are you a	n elected official who is appearing solely on behalf of your office or for your municipality or other tal body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign f 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, 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? \square \text{Yes} \square \text{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?
	vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's pom 103 of the City-County Building, Madison, for more information)
Date /=	Signature Robert Van Etten Print Name ROBERT VAN ETTEN
	Print Name KORERT VAN ETTEN

 Date:	 2//	3/	05	. }		5. 6.

Please Print					
Agenda No.	7)	Name Address	Sharon He. 720 Craw WHage GA	res stord B ou W	1. 53527-
Please check the ap	propriate boxes:				
<u>=</u>	speak wish to speak le to answer questions		Oppose Wish to specific Do not wish Available to	eak h to speak o answer ques	stions
At this meeting are (If you answered "r question.)	you representing an organiz no, "STOP; you need not co	ation or a persor implete the rest	n other than yourself: of this form. If you an	☐ Yes swered "yes,'	☐ No " go on to the nex
Name, address and	telephone number of each pe	erson or organiz	ation you are represen	ting:	
Are you being paid	for your representation?			☐ Yes	□No
Are you appearing a (If you answered "n question)	ns part of your other paid dut to," STOP; you need not co	ies for this perso mplete the rest o	on or organization? of this form. If you ans	☐ Yes wered "yes,"	☐ No ' go on to the nex
Speaking Limits:	Public Hearing		minutes		

Are you an government	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.)
If you are b that:	eing 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?
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	vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 12/13/05

City of Madison Registration Statement - Common Council

Please Print			1		<i></i>			
	9)	Name		NORE	B	<u> </u>	4	
Agenda No.		Address	262	8 H.	ρmi	36: 4	Dr-	
				$ C_{\rm e}H$	986	Chark	Dr- WI 535	
Please check the ap	propriate boxes:						535	(2)
☐ Support)ppose				
Wish to			<i>」</i>	∰ Wish				
	wish to speak		<u> </u>			to speak		
	le to answer questions			_ Availa	able to	answer q	uestions	
	you representing an organ to," STOP; you need not					-	$ \Box $ No s," go on to t	the next
Name, address and	telephone number of each	person or organ	ization yo	u are rep	resenti	ng:		
Are you being paid	for your representation?					☐ Yes	s ∏No	
	s part of your other paid of o," STOP; you need not							the next
Speaking Limits:	Public Hearing		5 minutes					
	Information Hearing		5 minutes	and the second				
	Other Items	医多型性多性皮肤 类	2 minutes			ha ay is a ay		

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
(If you answ this form If	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:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand
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(If you answ Office at Roo	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 12/13/05

City of Madison Registration Statement - Common Council

Please Print					
Agenda No. 91		Name Address	Alayne (300 South OHag G	Gardner ing Gra Yeve WI	Carim ange
Please check the appro	eak		Oppose Wish to s Do not w	o Wisc. + Madson,	Ave #70° WI
(If you answered "no, question)	a representing an organiza "STOP; you need not con	mplete the res	t of this form. If you a	inswered "yes,"	□ No go on to the next
Are you being paid for	your representation?			☐ Yes	Ď⁄No
	part of your other paid duti "STOP; you need not con			☐ Yes inswered "yes,"	No go on to the next
	Public Hearing Information Hearing Other Items	999 (991) (19	5 minutes 5 minutes 3 minutes		

Are you an egovernmental	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 bei that:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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	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.)
Date	Signature
	Print Name

Date: 12 - 13-01

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

	01	Name	THY	Dı	EDRICH
Agenda No.		Address 4210	JERI	sme	57
		MOI	SON		
Please check the app	propriate boxes:				
Support Wish to	sneak	☐ Oppos	e h to speak		
	vish to speak		n to speak not wish to sp	eak	
	e to answer questions		ilable to answ		ions
question)		emplete the rest of this form. If			
Are you being paid f	or your representation?			Yes	□No
		ties for this person or organizat mplete the rest of this form. If] Yes ! "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing Information Hearing	5 minutes 5 minutes			

Are you an egovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other \[\sum Yes \sum No \]
	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 beithat:	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?
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Date	Signature
	Print Name

Date: 12-13-05

City of Madison Registration Statement - Common Council

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		Name		athy	<u>, (</u>	arew H ma		
Agenda No.		Address	490	05	Ko-	th ma	<u> </u>	190
			Mo	non	9	WI	53	716
Please check the appropriat	te boxes:							
☐ Support			\boxtimes	Oppo	se			
☐ Wish to speak				₩i	sh to sp	eak		
Do not wish to	•			=		h to speak		
Available to an	swer questions			∐ Av	ailable t	o answer q	uestion	ıs
At this meeting are you rep (If you answered "no," ST question)						☐ Ye swered "ye] No on to the nex
Name, address and telephor	ne number of each perso	n or organi	zation y	ou are 1	epreser	iting:		
Are you being paid for you	r representation?					☐ Ye	s [[√No
								Z N₀
Are you appearing as part of						☐ Ye		YNo
(If you answered "no," ST question)	OP; you need not compl	lete the rest	of this	form Ij	' you an	swered "ye	s," go	on to the nex
Speaking Limits: Pub	lic Hearing		5 minut	es				
Info	rmation Hearing	************************	5 minut					
	er Items	有一直 化二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二	3 minut					

Are you an el governmental	lected official who is appearing solely on behalf of your office or for your municipality or other body?
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you are beir 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?
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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 answere Office at Room	ed "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

D	ate:			ì	į	'n		: : ;		Ġ	1	 	ì		١

Please Print		PRINT NAM	E CLEARL	Y
Agenda No.	7/	Name Tom KRAJO Address H208 NEC	EWSKI Some St	1
		Address 4208 Jer	, Wi	53716
Please check the ap	opropriate boxes:			
☐ Availal	o speak wish to speak ble to answer questions	Oppose Wish to spe Do not wish Available to	n to speak o answer question	ıs No
		mplete the rest of this form. If you ans	wered "yes," go	on to the next
Name, address and	telephone number of each pe	erson or organization you are represent	ing.	
Are you being paid	for your representation?		∐ Yes 戊	X No
Are you appearing a	as part of your other paid dut	ies for this person or organization? mplete the rest of this form. If you ans	☐ Yes 🕨	√No
Speaking Limits:	Public Hearing Information Hearing	5 minutes 5 minutes		

Are you an government	n elected official who is appearing solely on behalf of your tal body?	office or for your municipality or other Yes No
	vered "yes" to the question, STOP. You need not complete the fyou answered "no" to the question, go on to the next question.	· 克克斯· 克克· 克克· 克克· 克克· 克克· 克克· 克克· 克克· 克
If you are bothat:	peing paid for your representation, or if your appearance is par	rt of other paid duties, do you understand
1	Before you engage in lobbying as a lobbyist, you or your p with the City Clerk?	orincipal must file an authorization Yes No
2.	Your principal is not permitted to authorize you to lobby with the City Clerk?	unless the principal is registered Yes No
3.	If your principal spends or will owe more than \$500 for 1 period (calendar quarter), the principal must file expense s the remaining quarters of the calendar year?	
	vered "no" to any of the last three questions, please call the Common 103 of the City-County Building, Madison, for more inform	・煙 にんこうさい こんちゅうしょ はいにん かいたい おいま かいしん 野門に カー・ルール・カイ・ラン
Date	Signature	
	Print Name	

Date: 12-13-05

City of Madison Registration Statement - Common Council

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		Name	Telebra	Kreinh	
Agenda No/	1	Address	200 1	idiols te	
			Monona	WI 537	16
Please check the app	ropriate boxes:				
☐ Support		×	Oppose		
Wish to s	speak		Wish t		
Do not w	rish to speak		Do no	t wish to speak	
Available Available	e to answer questions		Availa	ble to answer ques	stions
(If you answered "no question)	ou representing an organize, "STOP; you need not consider the second sec	omplete the rest of	this form. If yo	u answered "yes,'	
Are you being paid for	or your representation?			☐ Yes	⊠No
Are you empering as	part of your other paid du	ation for this narrow	a or organization	n? ☐ Yes	⋈ No
	p," STOP ; you need not co			_	· \
question.)		imprese the rest of	into joint. Ij yo	w unismortal yes,	
Speaking Limits:	Public Hearing		ninutes		
	Information Hearing		ninutes		
	Other Items	3 r	ninutes		

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	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.)
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	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 12/13/05

City of Madison Registration Statement - Common Council

Please Print		Pl	RINT NAM	E CLEAR	LY
Agenda No.	<u>1</u>	Name M Address 4	IKESAUN 1202 JER NOIGON,	WEST WITS	1. 3716
Please check the ap	propriate boxes:				
At this meeting are (If you answered "inquestion.)	o speak wish to speak ble to answer questions you representing an organiz no," STOP; you need not contain the search of each possible to the speak of the s	omplete the rest of thi	er than yourself: Is form. If you an	h to speak o answer quest	M No
Are you being paid	for your representation?			Yes	∏ No
Are you appearing a	as part of your other paid du to," STOP; you need not co	ties for this person or implete the rest of thi	organization? s form. If you an	— □ Yes	□No
Speaking Limits:	Public Hearing Information Hearing		经收益 医二氯甲基氯 医抗原性 医电压管 医二乙醇		

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
(If you answe this form. If y	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.)
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If you answer Office at Roon	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

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Date:	4.19		<u> } </u>		Ď.	:

You must register before the Council considers your item.

Please Print						
Agenda No.	91	NameAddress	Suzan 208 E. Malisa	Winne	quall'	Rd Lp
Please check the appr	ropriate boxes:					
	peak ish to speak e to answer questions		Oppose Wish to spe Do not wish Available to		estions	
	ou representing an organiza, "STOP; you need not con				No on to the	? nex
Name, address and te	lephone number of each per	rson or organizatio	n you are represent	ing:		
Are you being paid fo	r your representation?			☐ Yes	☑ No	
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Speaking Limits:	Public Hearing		nutes			

Other Items

Are you an egovernmental	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)
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Date	Signature
	Print Name

Date:	1	1		TA.		1000	11.5	1
Date.	 - 1		1					

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		Name	Lyle	EIT	eynold. ibnide	2
Agenda No. 9/		Address	4206	BAM	buide	~ 2T
			MA	015001		
Diameter						
Please check the app	ropriate boxes:					
☐ Support			□ Ор	pose		
Wish to				Wish to spe	ak	
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∐ Availabl	e to answer questions			Available to	o answer ques	stions
Name, address and te	elephone number of each p	erson or organi	zation you a	re represent	ting:	
Are you being paid for	or your representation?				Yes	□No
	part of your other paid du					☐ No ' go on to the next
Speaking Limits:	Public Hearing		5 minutes			
	Information Hearing	KELETHOOODING TO THE TOP OF	5 minutes			
	Other Items		3 minutes			

Are you an ogovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	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

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Daw.	T - 7	. (,	1000		

Please Print						
	7/	Name _	Phil.	McDa	de	
Agenda No/		Address	6301	Sout	hern Circ	le
			Mon	ona	WI 53	716
Please check the appro	opriate boxes:					School Board
☐ Support ☐ Wish to sp ☐ Do not wis ☐ Available		₽		ppose Wish to sponot wis Available t		stions
(If you answered "no, question)	u representing an organization "STOP; you need not comple	ete the rest o	f this for	m If you an	swered "yes,'	
1.1	ephone number of each person one Suloo Board		tion you	are represen	ting:	
5301 Ma	nona Drive					
	WI 53716					
Are you being paid for	your representation?				Yes	™ No
	part of your other paid duties for STOP; you need not comple					
Speaking Limits:	Public Hearing Information Hearing Other Items	5 r	ninutes ninutes ninutes			

Are you an governmental	elected official who is appearing solely on behalf of your office or for your municipality or other body? Yes No
(If you answe this form If y	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, do you understand
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes 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?
(If you answe Office at Roor	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: /2//3/05

City of Madison Registration Statement - Common Council

Please Print	
01	Name LYNN NELSON Address 318 Stoneleath End Cottage Gnul, Wi 53527
Agenda No.	Address 318 Stoneleath End
	Orttage GNUP, W1 53527
Please check the appropriate boxes:	
Support	Oppose
Wish to speak	Oppose Wish to speak
Do not wish to speak	Do not wish to speak
Available to answer questions	Available to answer questions
(If you answered "no," STOP; 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 pa (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.	5 minutes
	g 5 minutes
Other Items	2 minutes

Are you an o	elected 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

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Date:	1.	٠.,		٠.		- '	٠.	·			1:		1.		

Please Print				
Agenda No. 4)		me Cynthia dress 4205 Bain Madiso		2
Please check the appropriate be)xes:			
Support Wish to speak Do not wish to speak Available to answer At this meeting are you represe (If you answered "no," STOP; question.)	r questions enting an organization or	Availabl a person other than yoursel	vish to speak e to answer questions f: Yes N	and the second of the second
Name, address and telephone n	umber of each person or	organization you are repres	enting:	
Are you being paid for your rep	resentation?		☐ Yes 🔀 N	[o
Are you appearing as part of yo (If you answered "no," STOP; question)				• -
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Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	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.)
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Date	Signature
	Print Name

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Agenda No.	9)	Name Peter MY Address 6304 Sout Moron u	leever tun Cir	76	
Please check the app	propriate boxes:				
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(If you answered "n question)	o," STOP; you need not co	ation or a person other than yourself: omplete the rest of this form. If you anserson or organization you are represent	swered "yes,'	□ No " go on to the	nexi
	5211 Sull	£ M			
	Moroa, WI	537/6			
Are you being paid f	or your representation?		Yes	No	
		ties for this person or organization? mplete the rest of this form. If you ans		□ No ' go on to the	next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes			

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
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	ared "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information) \bigcap_{A}
Date /	3,13,05 Signature M. Signature Print Name Puter Mykoevr
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Date: 12/13/05

City of Madison Registration Statement - Common Council

Please Print		
		PRINT NAME CLEARLY
		Name AL KENT
Agenda No. <u>7/</u>		Address 301 W. LAKEVIEW AVE.
		Address 301 W, LAKEVIEW AVE. MADISON, WI 53716
Please check the ap	propriate boxes:	
∑ Support		Oppose
∑ Wish to	reneak	☐ Wish to speak
	wish to speak	Do not wish to speak
	ole 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 ☐ No
Are you appearing a (If you answered "n question)	ns part of your other paid du no," STOP; you need not co	ties for this person or organization? Yes No mplete the rest of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing	5 minutes
	Information Hearing	5 minutes
	Other Items	2 minutes

Are you an governmental	n elected official who is appearing solely on behalf of your office or for your m tal body?	
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	wered "no" to any of the last three questions, please call the City Clerk at 266-4601 from 103 of the City-County Building, Madison, for more information)	or go to the Clerk's
Date	Signature	
	Print Name	

Date: 12/13/05

City of Madison Registration Statement - Common Council

You must register before the Council considers your item.

Please Print

		Name	UALTER C Nowlonia	BTRUNG	A - Che
Agenda No		Address	Portanta	Burge	2007
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☐ Support		∇	Oppose Wish to sp Do not wis		
Wish to			Wish to sp	eak	
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	you representing an organiza no," STOP; you need not con				☐ No 'go on to the next
Name, address and	telephone number of each pe	rson or organizatio	on vou are represei	nting:	
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Are you being paid	for your representation?			Yes	□ No
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Speaking Limits:	Public Hearing	5 mi	nutes		
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	Other Items		nutes		

Are you an egovernmental	blected official who is appearing solely on behalf of your office or for your municipality or other body?
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Date 🛂	Signature Colonia Colo

Date: 12-13-05

City of Madison Registration Statement - Common Council

Please Print		
		PRINT NAME CLEARLY
		Name Nancy Werlein
Agenda No.	21	Address 301 W. Lakeview ave.
		Madison, WI 53716
Please check the ap	propriate boxes	
T Journal of the Control of the Cont	propriate doxes.	사용 등 전에 발표하는 경험을 받았다. 전에 발표하는 경우 전에 발표하는 것은 사용을 받았다. 사용하는 경우 등 등 기계를 받았다는 것은 사용을 받았다. 기계를 받았다는 것은
Support		Oppose
Wish to		☐ Wish to speak
	wish to speak	Do not wish to speak
∟ Availab	le to answer questions	Available to answer questions
question)		omplete the rest of this form. If you answered "yes," go on to the next erson or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
		ties for this person or organization? Yes No mplete the rest of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing	5 minutes
	Information Hearing	
	Other Items	3 minutes

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Martin Committee	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name