Date: \$/14/06

### **CITY OF MADISON**

Registration Statement	Common Council
Please Print	COMMITTEE  PLEASE PRINT CLEARLY
65 Agenda No. 0207	Name Roberthyt, S Address & 4 & Ll Chaletgr. St. #
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak MA A Do not wish to speak Available to answer questions
At this meeting are you representing an organical (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next quant	ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name testion.)
Name, address and telephone number of each $A/J/=J/J/J/=J/J/J/=J/J/J/J/J/J/J/J/J/J/J$	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid d (If you answered "no," STOP; you need not a question)	luties for this person or organization?  Yes No complete the rest of this form If you answered "yes," go on to the next
Information Hearing	non Council) 5 minutes 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?
	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 bei 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
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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: 6/16/06

Registratio	A Control of the Cont	on Council
Please Print	COMMIT	
Tiouse Trine	Pl	EASE PRINT CLEARLY
Agenda No. 85	N A	me Elizabeth Mtzbe Idress Gry Sprug St Mauser 53715
		Mausa 55713
Please check the approp	riate boxes:	
Support     Support		and Wish to speak
<b>Oppose</b>		Do not wish to speak Available to answer questions
Neither Supp	oort Nor Oppose	
(If you answered "no,"		a person other than yourself: Yes No he rest of this form If you answered "yes," provide the name
Name, address and telep	hone number of each person o	organization you are representing:
		: : : : : : : : : : : : : : : : : : :
		생기를 가게 하는 것을 하는 것이 되었다. 사람들은 경기를 보고 있는 것이 되었다.
Are you being paid for y	our representation?	☐ Yes 🔊 No
Are you appearing as pa (If you answered "no," question)	art of your other paid duties for STOP; you need not complete	this person or organization?  Yes No the rest of this form. If you answered "yes," go on to the next
	Public Hearing (Common Cour Information Hearing	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 Signature Signature Signature Witzle  Print Name Elizabeth Witzle

Date: 05/16/06

Registrat	tion Statement	Common COMMITTEE	<u>Council</u>		
Please Print					
			PRINT CLEARLY		
		Name	Julio Kodrisc	145	
Agenda No.	5		077 C DON	on ct	# 7
		Address	Julio Rodrige 222 G. Dayto Medison WI		v 2
			reason WI	5770	
Diago shook the own	wantinta havas				
Please check the app	nopriate boxes.				
<b>⊠</b> Support			and Wish to spo Do not wis Available t	eak	
Oppose			Do not wis	h to speak	
	upport Nor Oppose		( [ ] Available t	o answer ques	SHOUS
				<b>□ v</b>	<b>⊠</b> No
At this meeting are y	you representing an organ o," <b>STOP</b> ; you need not	ization or a per	son other than yourself:	Yes "wered "ves	
of who vou represen	t and go on to the next qu	estion)	st of this form. If you am	merea yes,	
Name, address and t	elephone number of each	person or organ	nization you are represen	ting:	
Are you being paid	for your representation?			☐ Yes	☐ No
Are you appearing a	s part of your other paid	duties for this p	erson or organization?	☐ Yes	□No
(If you answered "n question)	no," <b>STOP;</b> you need not	complete the re	st of this form If you an		
Speaking Limits:	Public Hearing (Comr	non Council)	5 minutes		
Speaking Limits.	Information Hearing				
	Other Items				

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  \[ \sum Yes \sum \subseteq No \]
	vered "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:	
		CITY OF MADISON		
Registra	tion Statement -	Common Council		
Please Print		PLEASE PRINT CLEARLY		
Agenda No	95	Name $P_{4UL}O$ Address $1 34E$ $MADISD$	LEARY MIFFLI N 53,	v 5T 703
Please check the app	propriate boxes:			
Support Oppose Neither S	upport Nor Oppos	Do r	h to speak not wish to speak ilable to answer que:	stions
(If you answered "n	you representing an orga to, " <b>STOP;</b> you need no to the next o	anization or a person other than you of complete the rest of this form If y question)	ırself:	No provide the name
Name, address and t	telephone number of eac	ch person or organization you are re	presenting:	
Are you being paid	for your representation?		☐ Yes	□No
Are you appearing a (If you answered "n question)	ns part of your other paid no." <b>STOP;</b> you need no	d duties for this person or organizat of complete the rest of this form. If	ion? Yes you answered "yes,	□ No " go on to the next
Speaking Limits:		mmon Council) 5 minutes 3 minutes 3 minutes		

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

Date:	5/16/	66		
			 -	 ~.

Registration	Statement (	Common C	ouncil		
Please Print		COMMITTEE			
Tiouso Y mie		시작하다 중심하다 하는다.	PRINT CLEARLY		
		Name	Gretchen L	owe	
Agenda No. 85		Address	205 Crystal	Ln	
Agenda No. <u>85</u> SicK Lea	ive		Gretchen L 205 Crystal Madison W	T 5371	4
Please check the appropris	ite boxes:				
Support Oppose Neither Suppo At this meeting are you re (If you answered "no," Si of who you represent and Name, address and telepho	<b>IOP;</b> you need not co go on to the next ques	cation or a perso omplete the rest stion)	on other than yourself: of this form If you ans	n to speak o answer ques  Yes wered "yes,"	<b>_</b> 1 <b>}</b> √o
Are you being paid for yo	ur representation?			Yes	<b>□</b> \x⁄o
Are you appearing as part (If you answered "no," States question)	of your other paid du <b>FOP;</b> you need not co	nties for this per complete the resi	son or organization? of this form. If you an	☐ Yes swered "yes,"	LH6 ' go on to the next
Int	blic Hearing (Commo formation Hearing her Items		3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "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 <u>5 /</u> ,	16/06 Signature Gretchen Lowe Print Name Gretchen Lowe
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Date: 5/16/2006

Registration St	atement - <u>Common</u>	Council		
	COMMITTEE			
Please Print				
		E PRINT CLEARLY		
	Name	Voire Mais	o Garda Si	erra
Agenda No. 85	Addre	s 1716 Madis	50n 94. #	- 3
		Josse Maris 1716 Madis Madisons	WI	
Please check the appropriate l	oxes:			
Support		and/Wish to	speak	
Oppose		Do not	wish to speak	
Neither Support	Nor Oppose	∐ Availab	le to answer ques	tions
			10 D.Y.	Ď√No
At this meeting are you represent (If you answered "no," STO!	senting an organization of a per-	rson other than yourse	lf: \ \ \ \ Yes \ answered "ves "	
of who you represent and go	on to the next question)			
			antina:	
Name, address and telephone	number of each person or org	anization you are repre	senung.	
Are you being paid for your r	epresentation?		☐ Yes	No
		norman or organization	? ∏Yes	[XNo
Are you appearing as part of y (If you answered "no," STOI question.)	P; you need not complete the	est of this form If you	answered "yes,"	' go on to the next
Speaking Limits: Public	: Hearing (Common Council)	5 minutes		
1 3	nation Hearing	3 minutes		
Other	Items	3 minutes		
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Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "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)
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Date 5/[6	12006 Signature Frint Name Josque Mario Gurden Sterra

	Date: 5 - 16 - 00
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
Agenda No.	Name Andrew Guns Address 730 Cone Flaver St
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose	
At this meeting are you representing an organism (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next of	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organization you are representing:

Are you being paid for your representation?

Yes No

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 next question)

Speaking Limits:

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes

Other Items 3 minutes

	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, <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: 5/14/06

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
<b>V</b> 5	Name Brooke Sdano
Agenda No.	Name Brooke Sdano Address 338 Kent Ln #102
	Madison, W1 53713
Please check the appropriate boxes:	
<b>Support</b>	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppo	
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; 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
그는 그들의 모래는 얼마를 보고 말을 하고 있다.	ch person or organization you are representing:
Are you being paid for your representation	? ☐ Yes 🔀 No
Are you appearing as part of your other pai	id duties for this person or organization?
(If you answered "no," STOP; you need n question)	ot complete the rest of this form. If you answered "yes," go on to the next
	mmon Council) 5 minutes
Information Hearin Other Items	g 3 minutes 3 minutes

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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?
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Date <u>J//</u>	Signature Brooks Shand
	Time Name (NOVIC)

Date: 5/16/06

Registrat	ion Statement -	Common Council
		COMMITTEE
Please Print		PLEASE PRINT CLEARLY
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Agenda No.	5	Name Susan Stern Address 2217 Sommers Ave Midison 53704
		Mcdison 5370 U
		MAGASA
Please check the app	ropriate boxes:	
Support		and Wish to speak
Oppose		Do not wish to speak  Available to answer questions
Neither Si	upport Nor Oppos	
At this meeting are y	ou representing an orga	unization or a person other than yourself: Yes No
	o," <b>STOP;</b> you need no t and go on to the next o	t complete the rest of this form. If you answered "yes," provide the name
Name, address and to	elepnone number of eac	h person or organization you are representing:
	· · · · · · · · · · · · · · · · · · ·	☐ Yes ☐ No
	or your representation?	일로 크림을 보고 있는 글씨의 프로그램 <u>프로그램 보고 있는 데</u> 스트를 보고 있다.
Are you appearing a (If you answered "na question)	s part of your other paid o," <b>STOP;</b> you need no	I duties for this person or organization?  Yes No or 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 Other Items	minutes 3 minutes

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

				Date:	
		CITY OF MAI	DISON		
Registra	tion Statement	Common C	Council		
		COMMITTEE			
Please Print		PLEASE I	PRINT CLEARLY	ellerman	
Agenda No.	5	Name	Jim K. 5421 Est	Hea Beac	( R)
Agenua 110.		Address	Madis	ou de	
Please check the app	propriate boxes:				
<b>∑</b> Support			and Wish	to speak	
Oppose				stions	
(If you answered "n of who you represen	you representing an orgango," STOP; you need not at and go on to the next quelephone number of each	complete the rest lestion)	t of this form. If yo	ou answered "yes,	
Are you being paid	for your representation?			□Yes	☑No
Are you appearing a (If you answered "n question)	is part of your other paid on one of some of some of some of some of the some	duties for this per complete the res	rson or organization to of this form. If yo	on?	☑No "go on to the next
Speaking Limits:	Public Hearing (Comi Information Hearing Other Items		5 minutes 3 minutes 3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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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(Please go Room 103 oj	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information)	
Date	Signature	
	Print Name	

Date: 1/24 16, 06

#### CITY OF MADISON

**Common Council** 

Registration Statement -COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. Please check the appropriate boxes: Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: Yes (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: No Yes Are you being paid for your representation? Yes 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 next question) Public Hearing (Common Council) 5 minutes Speaking Limits: Information Hearing 3 minutes

Other Items 3 minutes

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(If you answe this form If y	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

	- 1911年 - 19
	CITY OF MADISON
Registration Statement -	Common Council
Please Print Agenda No. 85	PLEASE PRINT CLEARLY  Name Enren Rudolph  Address 2112 Madison Street = 2  Madison, Ut 53711
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing an org If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	anization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name question)
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid of you answered "no," <b>STOP</b> ; you need not neet in the street of your part of you need not need not need not need in the street of your need not need need need need need need need nee	d duties for this person or organization?

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

Speaking Limits:

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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Date	Signature
	Print Name

Date: 5/16/06

Registra	iion Statement	COMMITTEE		
Please Print				
		PLEASE PRIN	IT CLEARLY	
		Name	Sarah Bastor	J
Agenda No.		Address	Sarah Basfor 1917 Schlime Madison	jen Ave.
			madison -	-04
Please check the app	ropriate boxes:			
Support Support		and		
Oppose			Do not wish to speak Available to answer que	
	upport Nor Oppose		Available to answer que	estions
	() [12] - [12]			
At this meeting are y	ou representing an organ	nization or a person of complete the rest of t	ther than yourself: Yes his form If you answered "yes,	No     provide the name
of who you represen	t and go on to the next q	uestion)		
Name address and t	elephone number of eacl	nergon or organization	on vou are representing:	
Name, audress and t	etephone number of each	r person or organization	on you are representing.	
Are you being paid	for your representation?		☐ Yes	⊠ No
Are you annearing a	s part of your other paid	duties for this person	or organization?	[X] No
(If you answered "n question)	o," <b>STOP;</b> you need not	complete the rest of t	this form. If you answered "yes	," go on to the next
Speaking Limits:		mon Council)5 m		
	Other Items	3 m	inutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	vered "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)
If you are b 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?
	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
	A third in the little of the print Name of the little of t

Date: 5-16-06

Registration S	tatement - <u>Commo</u>	on Council	
	COMMITTEE		
Please Print			
		ASE PRINT CLEARLY	
$\alpha c$	Nam	e Parl Malischke	
Agenda No.	Addr	ress 4825 Bayfeld Terro	ace
		72705	
Please check the appropriate	boxes:		
<b>∑</b> Support		and ☐ Wish to speak ☐ Do not wish to speak	
Oppose		Available to answer questions	
☐ Neither Support	Nor Oppose		
At this meeting are you repre	esenting an organization or a	person other than yourself: Yes No	
(If you answered "no," STO	<b>P</b> ; you need not complete the	e rest of this form. If you answered "yes," provide the	e name
of who you represent and go			
Name address and talenhaus	annular of and parameter		
name, address and telephone	; number of each person of or	ganization you are representing:	
Are you being paid for your	representation?	☐ Yes ☐ No	
Are you appearing as part of	your other paid duties for this	s person or organization?  Yes No	
	<b>P;</b> you need not complete the	e rest of this form. If you answered "yes," go on to the	he next
question)			
Speaking Limits: Public	c Hearing (Common Council)	)5 minutes	
Inform	nation Hearing	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?
	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 bei that:	ng 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?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

				I	Date: 5 1	6/06
		CITY OF MA	DISON			
Registra	tion Statement	Common (	Council			
Please Print			PRINT CLE			
Agenda No. <u>\$</u>				JENIFER Kalzin		
				53704		
Please check the app	propriate boxes:					
Support Oppose Neither S	upport Nor Oppose			Wish to spea Do not wish Available to	to speak	stions
(If you answered "n	you representing an organ o, " <b>STOP;</b> you need not o to and go on to the next qu	complete the res	on other tha t of this for	n yourself: n <i>If you an</i> sw	Yes yered "yes,"	☑ No ' provide the name
Name, address and t	elephone number of each	person or organ	ization you	are representi	ng:	
Are you being paid	for your representation?				Yes	□ No
	s part of your other paid o o, " <b>STOP;</b> you need not				☐ Yes vered "yes,	No No go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing	non Council)	5 minutes 3 minutes			

Are you an el other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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 be that:	ing 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	Signature
	Print Name

Date: 5-15-06

Registration Stat		
Please Print	PLEASE PRINT CLEARLY  Name  Name	R.D.
Agenda No. <u>45</u>	Address 1917 Sc	limgen
Please check the appropriate box	)	
Support Oppose Neither Support N	Available	peak ish to speak e to answer questions
At this meeting are you represer (If you answered "no," <b>STOP</b> ; of who you represent and go on	nting an organization or a person other than yourself you need not complete the rest of this form. If you a to the next question)	: Yes No nswered "yes," provide the name
Name, address and telephone nu	umber of each person or organization you are represe	enting:
Are you being paid for your rep	presentation?	☐ Yes ☐ No
	our other paid duties for this person or organization? you need not complete the rest of this form. If you a	
	Hearing (Common Council) 5 minutes stion Hearing 3 minutes	

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

Date	5/	16	100		
1		/		 1.5.7	

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name May Loutterman  Address 2666 & Johnson St  Madison, Let 53704
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppo	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation	? ☐ Yes ĎÑo
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
Information Hearin	ommon Council) 5 minutes  ng 3 minutes  3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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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•	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	Signature
	Print Name

Date: 5 [16 (0 6

Registration	Statement - Commo	on Council	
Please Print		ASE PRINT CLEARLY	
Agenda No.	85 Nañ Add	ress 1(39 f Madi	Kozlovsky Pauliñe Ave SONICEI 5370
Please check the appropri	ate boxes:		
Support Oppose Neither Supp	ort Nor Oppose		speak vish to speak e to answer questions
(If you answered "no," S	epresenting an organization or a lTOP; you need not complete the go on to the next question)	person other than yoursel e rest of this form. If you o	f:
Name, address and teleph	one number of each person or o	rganization you are repres	enting:
Are you being paid for yo	our representation?		Yes No
Are you appearing as part (If you answered "no," S question)	t of your other paid duties for th TOP; you need not complete th	is person or organization? we rest of this form. If you	☐ Yes ☐ No answered "yes," go on to the next
In	ablic Hearing (Common Counci formation Hearing		

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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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	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: 5-16-06

Registration Statement		
Please Print	PLEASE PRINT CLEARLY	
	Name Craig Myrb.	
Agenda No.	Address 574 Dapin Rd	
	Name	
Please check the appropriate boxes:		
<b>⊠</b> 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 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:		
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	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes YNO
	vered "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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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at follows for the City-County Building, Madison, for more information.)
Date	Signature

Date: 5 (16) 06

Registration Statement	- Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 85	Name Emily Long  Address 1145 Williamson St. #2  Madison, WI 53763
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppo	and Wish to speak  Do not wish to speak  Available to answer questions  See
	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)
	ach person or organization you are representing:
National Lawyer's Co	vild-UW Law School Chapter
975 Bascom Mal	
Madison, WI 5	"我们,我们们的我们的我们的,我们就没有要的。""我们的,我们的是有一种的。""我们的我们的我们的,我们的我们的,我们的,我们就会会说,我们就会会会会会会会会
Are you being paid for your representation	ı? ☐ Yes 🗖 No
Are you appearing as part of your other pa (If you answered "no," STOP; you need question)	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
Speaking Limits: Public Hearing (C Information Heari Other Items	

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "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.)
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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>5 11</u>	o 106 Signature Muly A
	Print Name EMIL LONG

Date: 16 May 06

Registration Statement -	Common Council COMMITTEE	
Please Print	PLEASE PRINT CLEARLY	
	Name Megan Beaman	
Agenda No. 35	Address 416 E. Wilson St. #56	
	Madison W1 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 se	
At this meeting are you representing an organization or a person other than yourself: Yes \sum No (If you answered "no," <b>STOP</b> ; 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 ea	ch person or organization you are representing:	
UW Law School National	Lawyers Guild	
915 Bascom Hall		
Madison WI 53706		
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	
Information Hearin	mmon Council)5 minutes g 3 minutes 3 minutes	

	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, <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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	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 <u>16 M</u>	ay 06 Signature lly Cy
	ay 06 Signature Lly Oy  Print Name Megan Beama

Date: 5/16/06

## **CITY OF MADISON**

Registration Statement - Common Council

		COMMITTEE	
Please Print			
		PLEASE PRINT CLEARLY	
	1	Name Ahilip E	Fiercito
Agenda No.	5	Address 30 W.	Silman #(
		Name Philip E Address 30 W.  Madis on	1, WI S3703
Please check the app	propriate boxes:		
in the same of the same same			
<b>Support</b>		and  Wish to spe	ak
<i>L</i> — '		Do not wish	n to speak o answer questions
Oppose		Available to	answer questions
Neither S	upport Nor Oppos		
			☐ Yes No
At this meeting are y	ou representing an orga	unization or a person other than yourself:	
		t complete the rest of this form. If you answ	vereu yes, provide ine name
of who you represen	t and go on to the next q	<i>[uestion]</i>	
NT	alambana number of aga	h norman or organization you are represent	
name, address and t	erephone number of eac	h person or organization you are represent	## <b>\$</b> •
Are you being paid !	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	o," STOP; you need no	t complete the rest of this form If you ans	wered "yes," go on to the next
question)			
Speaking Limits:	Public Hearing (Con	nmon Council) 5 minutes	
	Information Hearing		
	Other Items	3 minutes	그 사람들은 이 사람들이 하는 것같다

Are you an e other governs	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, <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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	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: 5-16-06
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name LINDA KEXS
Agenda No. # 85	Address 2 N. ROCK RD
MANDATORY MINIMUM SICK LEAUE	MADISON WI 53705
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions  e
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next of	unization or a person other than yourself:  \[ \sum \text{Yes} \sum \text{Y} \text{No} \\ t complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and telephone number of eac	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No

Speaking Limits:

question)

Are you appearing as part of your other paid duties for this person or organization?

Other Items 3 minutes

(If you answered "no," STOP; you need not complete the rest of this form If you answered "yes," go on to the next

Yes

	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, <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: 5/16/06

Registrat	ion Statement -	Common Council COMMITTEE
Please Print		PLEASE PRINT CLEARLY
Agenda No. <u>B</u>	>	Name Diane Farsetta Address 1217 Spaight St  Wadison W1 53703
Please check the app	ropriate boxes:	
Support Oppose Neither Su	ipport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no	ou representing an organ, "STOP; you need no and go on to the next of	anization or a person other than yourself:  Yes No to complete the rest of this form. If you answered "yes," provide the name question)
Name, address and to	elephone number of eac	ch person or organization you are representing:
Are you being paid for	or your representation?	☐ Yes ☐ No
		d 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:	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?
	vered "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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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fifthe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 5/16/06

Registra	tion Statement	Common Council
		COMMITTEE
Please Print		
		PLEASE PRINT CLEARLY
	QL -	Name Tonald Johnson
Agenda No.	0	Name Konald Johnson Address 4517 Paynee Pass
		Morleson, W1 537/1
Please check the app	propriate boxes:	를 보고 있다. 그는 것은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들
Support		and Wish to speak
		Do not wish to speak
Oppose	Nan Oire	Available to answer questions
Menner 9	upport Nor Oppos	. 그리고 있는 것이 되었다. 그는 것이 되었다. 그리고 있는 것이 되었다. 그리고 있는 것이 되었다. 그리고 있다. 그리고 있다. 그리고 있다. 그리고 있다. 그리고 있다. 그리고 있다. 그리고 그리고 있는 것이 되었다. 그리고 있다. 그리고 있다. 그리고 있다. 그리고 있다. 그리고
At this meeting are	you representing an orga	nization or a person other than yourself: Yes
(If you answered "n	o," <b>STOP;</b> you need not	t complete the rest of this form. If you answered "yes," provide the name
	nt and go on to the next q	
		1. House of the contraction was are representing.
Name, address and i	elephone number of eac	h person or organization you are representing:
		- 10 등로 2011년 - 10 등에는 기계를 받는 것이 되는 것이 되었다. 그는 경험에 되었다. 그는 것이 되었다. - 12 등 2012년 - 12 등에는 기계를 보고 있는 것이 되었다. 그는 것
A haina naid	for your vonregentation?	☐ Yes ☐ No
Are you being paid	for your representation?	
Are you appearing a	as part of your other paid	duties for this person or organization?  Yes No
	o," <b>STOP;</b> you need no	t complete the rest of this form. If you answered "yes," go on to the next
question)		
Speaking Limits:	Public Hearing (Con	nmon Council)5 minutes
	Information Hearing	
	Oak Ta	'스트리티를 보고 한 마련된다'를

The second secon	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	vered "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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	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

Date: 5/16/06

Registration Statement	- Common Council
Please Print	COMMITTEE
	PLEASE PRINT CLEARLY
Agenda No.	Name (han es Hoy) Address 23 W. Govham St
	[1] 발표
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions  OSC
At this meeting are you representing an or	ganization or a person other than yourself: Yes No not complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of ea	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 r 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 (Co Information Hearin Other Items	

Are you an other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form If	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.)
If you are b that:	eing 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?
Please go 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 the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 5/16/06

Registrat	ion Statement -	Common Council COMMITTEE	
Please Print		PLEASE PRINT CLEARLY	
Agenda No.	85	Name Courtnly Derwins Address 210 N Chingston MADISM UF S	IU 5+ 370_
Please check the app  Support Oppose	ropriate boxes:	and Wish to speak Do not wish to speak Available to answer questions	
At this meeting are y (If you answered "no of who you represent	o," <b>STOP;</b> you need no t and go on to the next q	ganization or a person other than yourself:  Yes No ot complete the rest of this form. If you answered "yes," provide	the name
Arayan baing poid (	ov your representation?	? Yes \\ No	
Are you appearing a		d duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to	
Speaking Limits:	Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes	

	lected official or employee who is appearing solely on behalf of your office or for your municipalinental body?	ty or
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must you answered "no" to the question, go on to the next question.)	' sign
If you are b that:	ing paid for your representation, or if your appearance is part of other paid duties, please be ad-	vised
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 Offic the City-County Building, Madison, for more information.)	ce at
Date	Signature	
	Print Name	

Date: 5/16/06

Registrat	ion Statement -	Common Council
Please Print		
		PLEASE PRINT CLEARLY
		Name MARIA BROWN
Agenda No	5	Address 1829 BELD ST
		MADISON WI 53713
Please check the appr	opriate boxes:	사용하는 사용하는 것으로 보는 것이 되는 것이 되었다. 그런 것은 것이 되었다. 그런 그런 것은 것은 것은 것은 것이 되었다. 그런 그는 것은 것은 것은 것은 것은 것이 없는 것은 것이 없는 것이 되었다. 그런 것은
		and Wish to speak
Support		and
Oppose		Available to answer questions
Neither Su	pport Nor Oppos	
At this meeting ore w	ou representing an orga	anization or a person other than yourself:   Yes   No
At this meeting are you	" <b>STOP:</b> vou need no	of complete the rest of this form. If you answered "yes," provide the name
of who you represent	and go on to the next o	question)
Name, address and te	lephone number of eac	ch person or organization you are representing:
		사용하는 사용하는 사용하는 것이 되었다. 그는 사용하는 그는 사람들은 그는 사람들은 사용하는 것이 되었다. 그는 것이 하는 것이 되었다. 그는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 그렇게 되었다면 보고 있는 것이 있는 것이 되었다. 그는 것이 되었다. 그는 것이 되었다면 되었다. 그런 것이 되었다. 그는 것이 없는 것이 되었다. 그런 것이 되었다. 그런 것이 없는 것이 없는
Are you being paid for	or your representation?	Yes II No
Åra vou annaaring og	part of your other paid	d duties for this person or organization?
If you appearing as	"STOP: vou need no	of complete the rest of this form. If you answered "yes," go on to the next
question)		
Speaking Limits:	Public Hearing (Con	"我们,我们就是一样,我们就是一个一个,我们就是一个一个一个一个,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
	Information Hearing	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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)
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
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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?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 5-16 06

Registratio	n Statement -	Common Council
Please Print  Agenda No.		PLEASE PRINT CLEARLY Name Wancy Kossett Address 2306 Etan Ridge Madisan W1 55726
At this meeting are you (If you answered "no,"	port Nor Oppose representing an organise stop; you need no	anization or a person other than yourself: Yes H No st complete the rest of this form. If you answered "yes," provide the name
of who you represent as Name, address and tele		ch person or organization you are representing:
	art of your other paid	Yes No  d duties for this person or organization? Yes No or complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:		nmon Council) 5 minutes 3 minutes 3 minutes

No. 20 To the second of the second	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?    Yes   No	
	vered "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.)	
If you are b that:	being 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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at If the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

	Date: 16 MAY 06
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 85	Name PAUL ROKNER  Address IIIO E. MIFFUN ST.  MADISON 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	n person or organization you are representing:
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

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

question)

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?	
	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 bei 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: 5/16/66
	CITY OF MADISON
Registration Statement -	- Common Council
Please Print	PLEASE PRINT CLEARLY
	Name Tom Gross
Agenda No. 85	Address 226 Larkin St
	Name Tom Gross  Address 226 Larkin St  Madison WI 53705
Please check the appropriate boxes:	
✓ Support	and Wish to speak
Oppose Neither Support Nor Oppo	Do not wish to speak Available to answer questions
of who you represent and go on to the next	not complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation	ı? □ Yes □ No
Are you appearing as part of your other pa (If you answered "no," <b>STOP;</b> you need n	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
Information Hearin	ommon Council) 5 minutes  19 3 minutes  2 minutes

	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, <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.)
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 <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: 5 \ Q 6
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name ANNO HABEL
Agenda No. <u>85</u>	Address 120 SOUTH FIRST STREET
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	nization or a person other than yourself:  \[ Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name, address and telephone number of each	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 not question.)	duties for this person or organization?

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
	vered "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.)
If you are b 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 <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: 5/6/06

Registra	tion Statement	Common (	Council			
Please Print			PRINT CLEA	RLY		
Agenda No. <u>&amp;</u>	2	Name Address	Sonja 3486 Wilw	10 che	jnack, Kratn S3:	212
	upport Nor Oppose				to speak answer ques	
(If you answered "n of who you represen	you representing an orgar o," STOP; you need not t and go on to the next qu	complete the res uestion)	t of this form	If you ansv		Y No provide the name
Name, address and t	elephone number of each	person or organ	ization you ar	e representi	ing:	
Are you being paid	for your representation?				☐ Yes	<u> </u>
Are you appearing a (If you answered "n question)	s part of your other paid o," <b>STOP;</b> you need not	duties for this pe complete the re	rson or organ at of this form	ization? If you ans	☐ Yes wered "yes,	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		5 minutes 3 minutes 3 minutes			

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?

(If you answered "yes" to the question, **STOP.** You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

- 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?

(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date

Signature

Print Name

Date: S.16.06

## CITY OF MADISON

Registration Statement - Common Council

	: [ : [ : [ : ] ] [ : ] [ : ] [ : ] [ : ] [ : ] [ : ] [ : ] [ : ] [ : ] [ : ] [ : ] [ : ] [ : ] [ : ] [ : ] [	
Please Print		
		PLEASE PRINT CLEARLY
		Name College Risher
	94	
Agenda No.		Address 2508 F. Belleview Apt 6
		Name Colleen Bisher Address 2508 F. Belleview Apr 6 Milwankee WI 53211
Please check the ap	propriate boxes:	
	가 하는 것이 많아 보고 있었다. 그런 것이 있다. 하지만 그 말을 하는 것으로 하고 있다. 그 것이다.	는 경기를 가장 할 때 없는 것이 되었다. 그런 경기에 가장 되었다. 그런
Support		and Wish to speak
Oppose		Do not wish to speak  Available to answer questions
Neither S	Support Nor Oppose	The Available to answer questions
At this meeting are	you representing an organiz	vation or a person other than yourself: Yes No
		omplete the rest of this form. If you answered "yes," provide the name
oj wno you represer	nt and go on to the next ques	
Name address and	telephone number of each p	erson or organization you are representing:
, ddd oss and		
		됩니다. 그런 마르토 시간 아이들은 그들은 그들은 그들은 그들은 그들은 사람들이 되었다. 1985년 - 1985년
Are you being paid	for your representation?	☐ Yes X No
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Are you appearing a	is part of your other paid du	ties for this person or organization?   Yes  No
	io," <b>STOP;</b> you need not co	omplete the rest of this form If you answered "yes," go on to the next
question)		
Speaking Limits:	Public Hearing (Commo	on Council)5 minutes
opeaking Limits.		3 minutes
	Other Items	3 minutes

- 1 1 - A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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)
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 <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	Print Name College Bisher

Date: 5-15-06

Registrat	ion Statement -	Common Council
		COMMITTEE
Please Print		
		PLEASE PRINT CLEARLY
		Name / Vancy Cark
Agenda No.		Name Navy Clark  Address 38 Waunorn Woods G  Modusin, Wi 53713
		7.00
		Modus (1) 73 (13
Please check the appr	opriate boxes:	현실 경기를 보면 되었다. 현실 전 경기를 보고 있다는 것이 되었다. 그런
Support		and Wish to speak
Oppose		Do not wish to speak Available to answer questions
Neither Su	pport Nor Oppos	
At this meeting are yo	ou representing an orga	anization or a person other than yourself:   Yes  No
(If you answered "no	," <b>STOP;</b> you need no	t complete the rest of this form. If you answered "yes," provide the name
of who you represent	and go on to the next q	<i>question)</i>
Name, address and te	lephone number of eac	h person or organization you are representing:
		발생님은 사용 아들은 아니라 보는 것이 되었다. 나는 가는 것은 하는 가장 아니라 아이에 아르는 것은 사람이 하는 것이 되었다. 그는 것이 되었다. 보는 사용 아이들은 것은 소프로 본 것은 것이 되었다. 그는 것은 것은 것은 사람들은 것은 것을 모든 것은 것은 것은 것이 되었다. 그는 것은 것은 것은 것은 것은 것은 것을 했다.
		마르크 (1982년) 보는 시간 보고 1982년 시간 전환로 보면 한 경기 보다는 전 기간 전 1982년 1일
Are you being paid for	or your representation?	☐ Yes   No
	엄청하는 독특한 분들을 보다 되다	하는 물로 하다 얼굴을 하는데 하는데 모르를 보고 하는 그리지를 하는데 모든 물로 살은 점점 보다 모르는데 하는데 하다고 있다.
Are you appearing as	part of your other paid	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
question)	, B101, you need no	i complete the rest of this form if you unswered yes, go on to the next
Speaking Limits:		nmon Council) 5 minutes 3 minutes
	Other Items	
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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 nental body?
	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)
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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 the City-County Building, Madison, for more information.)
Date 5	75-06 Signature Namey Clark
	Print Name Namey Clark

함께 보면 무료 로마스 네트워크 음반	공모들은 명임은 기회원들 기관	클라마 이 아이를 살아보고 있는데	Bale:	
		CITY OF MADISON		
Registration S	The state of the s	Common Council		
Please Print		PLEASE PRINT CL	EARLY	
Agenda No. 5		Name Billion Address 16/0 May 15	Adamski Rutlenge St Son, WR S3	WC)
Please check the appropriat	e boxes:			
Support Oppose Neither Suppor	rt Nor Oppose	and D	Wish to speak Do not wish to speak Available to answer que	stions
At this meeting are you rep (If you answered "no," ST of who you represent and g	<b>OP;</b> you need not co	implete the rest of this foi	an yourself:  Yes rm. If you answered "yes,"	No provide the name
Name, address and telephor	ne number of each p	erson or organization you	ı are representing:	
Are you being paid for you	r representation?		☐ Yes	No
Are you appearing as part of (If you answered "no," ST question.)	of your other paid du  OP; you need not co	ities for this person or org complete the rest of this fo	ganization?	No go on to the next
Info	rmation Hearing	on 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 mental body?
. •	vered "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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	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
	and the state of the

Date: 5/16/06

Registration	on Statement	Common	Council		
Please Print  Agenda No. Sick  Bodi  Please check the appro		PLEASE	EPRINT CLEARLY  CAROL P  6 33 50.57  Mad 1500	7EDAR Kore Di Wi :	15 53715
Support Oppose Neither Sup	oport Nor Oppose Trepresenting an organ 'STOP; you need not	nization or a per complete the re	and Wish to spead Do not wish Available to son other than yourself:	to speak answer ques	☑No
Name, address and tele	phone number of each	n person or organ	nization you are represent	ing:	
Are you being paid for Are you appearing as p (If you answered "no, question)	eart of your other paid	duties for this p	erson or organization? est of this form. If you ans	Yes Yes Yes wered "yes,'	☐ No ☐ No ' go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		5 minutes 3 minutes 3 minutes		

Are you an e other govern	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign 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, 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:	
		CITY OF MAD	ISON		
Registra	tion Statement -	Common Co	<u>ouncil</u>		
Please Print	85	PLEASE PI Name	RINT CLEARLY  Kristopi	<u>wr In</u>	den get t
Agenda No.		Address _	Name Kristopher In Address 522 N. Pinck Madison		
Please check the app	oropriate boxes:				
Support Oppose Neither S	upport Nor Oppos			speak vish to speak e to answer ques	stions
(If you answered "n	you representing an orga o," <b>STOP;</b> you need no at and go on to the next o	ot complete the rest of	other than yourself of this form. If you a	f: Yes inswered "yes,"	No provide the name
Name, address and t	telephone number of eac	ch person or organiz	ation you are repres	enting:	
Are you being paid	for your representation?			☐ Yes	∐ No
Are you appearing a (If you answered "n question.)	as part of your other paid no," <b>STOP;</b> you need no	d duties for this pers ot complete the rest	on or organization? of this form If you	☐ Yes answered "yes,"	□ No ' go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	3			

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municimental body?    Yes   No	ipality or
(1) (中国 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you need on swered "no" to the question, go on to the next question.)	nust sign
that:	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.  Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.	a
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 ( The City-County Building, Madison, for more information.)	Office at
Date	Signature	
	Print Name	

Date: 5/16/06

Registrat	tion Statement -	Common Council COMMITTEE
<u>Please Print</u>		PLEASE PRINT CLEARLY
Agenda No. 2	5	Name Brean Boggs Address 723 Senifer # 1  Madisan, WI 53703
Please check the app	propriate boxes:	
Support Oppose Neither S	upport Nor Oppos	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
(If you answered "n	you representing an orga o," <b>STOP;</b> you need no t and go on to the next o	unization or a person other than yourself: Yes And Yes tomplete the rest of this form. If you answered "yes," provide the name question.)
Name, address and t	elephone number of eac	h person or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
Are you appearing a	s part of your other paid	I 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 Information Hearing	

# 30 31 2

Are you an elected other governmental	ficial or employee who is appearing solely on behalf of your office or for your municipality or ody?
	s" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign erred "no" to the question, go on to the next question.)
hat:  1. Before with  2. You City	for your representation, or if your appearance is part of other paid duties, please be advised e you engage in lobbying as a lobbyist, you or your principal must file an authorization lie City Clerk.  principal is not permitted to authorize you to lobby unless you are registered with the Clerk.
peri	r principal spends or will owe more than \$1,000 for lobbying services in any reporting 1 (half year), the principal must file expense statements with the City Clerk for the nder of the calendar year?
	ity Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at -County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 5-16-06

Registrat	tion Statement -	Common Council
Please Print		PLEASE PRINT CLEARLY
Agenda No. 🔝	5	Name Michelle Hinrichs  Address 1309 10reen Dr  Madism ut 53711
Please check the app	propriate boxes:	
At this meeting are s	upport Nor Oppos	anization or a person other than yourself: Yes No
(If you answered "n	o," <b>STOP;</b> you need no t and go on to the next o	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and t	elephone number of eac	ch person or organization you are representing:
Are you being paid	for your representation?	Yes ∑No
Are you appearing a (If you answered "n question)	s part of your other paid o," <b>STOP;</b> you need no	d duties for this person or organization?   Yes No  No complete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	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?  Yes  No
(If you answe this form. If y	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)
If you are bothat:	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?
(Please go Room 103 oj	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	5-16-06 Signature Michelle Hingichs

Date: MAY16'0C

Registra	tion Statement -	COMMITTEE
Please Print		
		PLEASE PRINT CLEARLY
Q.		Name ANYA TIRSZT
Agenda No	9	Address 2406 CENTER AVE
		Name ANYA TIRSZT  Address 2406 CENTER AND  MADISMY, WI 53704
Please check the app	propriate hoxes:	
/ rease oncest the app		
<b>Support</b>		and Wish to speak
Oppose		Do not wish to speak
	upport Nor Oppos	Available to answer questions
	et and go on to the next of each	uestion.) h person or organization you are representing:
Are you being paid	for your representation?	☐ Yes No
Are you appearing a (If you answered "n question)	s part of your other paid no," <b>STOP;</b> you need no	duties for this person or organization?   Yes No t complete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 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?
	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.)
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.
<b>3.</b>	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 fithe City-County Building, Madison, for more information)
_ / /	A = A
Date /	Print Name  Print Name

Date: 5 - 16 - 05

Registration S	tatement - Common	ı Council
Please Print	COMMITTEE	SE PRINT CLEARLY
	Name	
Agenda No. 85		SS 1533 COMANCHE GLEN
		MADISON WI. 5370Y
Please check the appropriate	boxes:	
Support Oppose Neither Support	t Nor Oppose	and ☐ Wish to speak ☑ Do not wish to speak ☐ Available to answer questions
At this meeting are you repro- (If you answered "no," STO of who you represent and go		erson other than yourself:  \[ \sum \text{Yes} \sum \text{No} \]  rest of this form If you answered "yes," provide the name
Name, address and telephon	e number of each person or org	ganization you are representing:
Are you being paid for your	representation?	☐ Yes ☐ No
Are you appearing as part of (If you answered "no," STO question)	f your other paid duties for this <b>OP;</b> you need not complete the	person or organization? Yes No rest of this form If you answered "yes," go on to the next
Infor	ic Hearing (Common Council) mation Hearing r Items	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? YesNo		
	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)		
If you are b that:	eing 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		
	Print Name		

Date: 05/16/06

Registration Statement -	Common Council COMMITTEE
Please Print  Agenda No.	PLEASE PRINT CLEARLY  Name BENJAMIN RATLIFFE  Address 107 N. FRANKLIN ST. \$108
(If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next	ganization or a person other than yourself: Yes Mo ot complete the rest of this form If you answered "yes," provide the name
(If you answered "no," STOP; you need n question)  Speaking Limits: Public Hearing (Conformation Hearing)	id duties for this person or organization? Yes No ot complete the rest of this form. If you answered "yes," go on to the next  mmon Council) 5 minutes g
Other Items	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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.)
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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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	Signature
	Print Name

Date: May 16, 12006

Registra	tion Statement	Common	<u>Council</u>		
Please Print		PLEASE	PRINT CLEARLY		
Agenda No	<b>5</b>	Name Address	P.C.s 5016 Mad	Mess Herry	sites) EtgALC SEZU
Please check the app	propriate boxes:				
Support Oppose Neither S	upport Nor Oppose		and Wish Do n Avai	to speak ot wish to speak lable to answer qu	estions
(If you answered "n	you representing an organ o," <b>STOP;</b> you need not o at and go on to the next qu	complete the re	son other than you st of this form. If y	rself:	" provide the name
Name, address and t	elephone number of each	person or organ	nization you are re	presenting:	
Are you being paid	for your representation?			☐ Yes	⊠No
Are you appearing a (If you answered "n question)	ns part of your other paid on," <b>STOP;</b> you need not	luties for this p complete the re	erson or organizati est of this form. If y	on? Yes	
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	muungananan esta karoosi ooku	3 minutes		

Ara vou an elected	l official o	or employee w	ho is annearin	ng solely on b	ehalf of your	office or for	your municipality or
		of employee w	no is appearm	ig solery on b	onan or your		\ <del>\</del>
other governmenta	al body?					Ye:	s 🔀 No

(If you answered "yes" to the question, **STOP.** You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

- 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?

(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date

Signature

Print Name

Rosenary 1

FONS Kas

	Date: 5 16/06
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print Agenda No. 85	PLEASE PRINT CLEARLY  Name Tammy Dawning  Address 107 W Black St #4
	Madison (DI 53703
Please check the appropriate boxes:	
<ul><li>✓ Support</li><li>✓ Oppose</li><li>Neither Support Nor Oppos</li></ul>	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an organism of the second of the se	t complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of eac	ch 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," <b>STOP;</b> you need no nuestion)	d duties for this person or organization?  Yes  No or 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:

Are you an e other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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 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: 5-16-06

Registrat	ion Statement -	Common Council COMMITTEE
Please Print		PLEASE PRINT CLEARLY
Agenda No. B		Name Pyan Spangle Address 118 W Redford St Weelicon, UST
Please check the appr	ropriate boxes:	
Support Oppose Neither Su	ipport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions se
(If you answered "no	ou representing an org o," <b>STOP;</b> you need no and go on to the next	anization or a person other than yourself:  \[ Yes \]  \[ No ot complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and te	elephone number of eac	ch person or organization you are representing:
Are you being paid for	or your representation	?
Are you appearing as (If you answered "no question.)	s part of your other paid, "STOP; you need no	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:	Information Hearing	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?  Yes No
	vered "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)
If you are b that:	being 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 <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: 05/16/06

## **CITY OF MADISON**

Registration Statement - Common Council

		COMMITTEE				
Please Print		PLEASE PI	RINT CLEARL	Y		2 /
Agenda No.	65	NameAddress		n (k 806 Madis	ich Ma on,	Kintz Tha Circ WI
Please check the appr	opriate boxes:					
Support Oppose Neither Su	ipport Nor Oppose	a	⊠ Do	sh to speak not wish to sp illable to ansv		ions
(If you answered "no	ou representing an organic," <b>STOP;</b> you need not co and go on to the next que	omplete the rest o	other than yo f this form If	urself: [ you answered	] Yes ! "yes," ]	⊠ No provide the name
Name, address and te	lephone number of each p	person or organiza	ation you are r	epresenting:		
Are you being paid fo	or your representation?				] Yes	<b>№</b> No
Are you appearing as (If you answered "no question)	part of your other paid do," <b>STOP;</b> you need not c	uties for this perso omplete the rest o	on or organiza of this form If	tion? [ you answered	] Yes d "yes,"	⊠ No go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing	3				

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, <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)
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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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:	) 100
		CITY OF MAE	NSON		
Registrati	on Statement	Common C	<u>ouncil</u>		
Please Print		일 말리고하다 하고 그리고 있었다.	PRINT CLEARLY		
Agenda No. 85		Name Address	2148 WET L	XWW OMOH	
			MADISON		
Please check the appr	opriate boxes:				
	pport Nor Oppose			h to speak o answer ques	
If you answered "no	ou representing an organ," <b>STOP;</b> you need not and go on to the next qu	complete the rest	n other than yourself: of this form If you ans	∐Yes swered "yes,"	☑ No provide the name
Name, address and te	lephone number of each	ı person or organiz	cation you are represen	ting:	
Are you being paid fo	or your representation?			Yes	No No
Are you appearing as If you answered "no question)	part of your other paid," STOP; you need not	duties for this pers complete the rest	son or organization? of this form. If you an	☐ Yes swered "yes,"	∏ No ' go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing) Other Items				

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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.)
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.
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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 fine City-County Building, Madison, for more information.)
Date	Signature
	Print Name

				Date:	
		CITY OF MA	DISON		
Registrat	tion Statement	Common C	Council		
Please Print		PLEASE	PRINT CLEARLY		
		그 수 없는 사람들이 하다 그 때문	입장하다 하다 나는 나는 가지 않는데	1 PNGIE	
Agenda No.	? <i>5</i>	Address	2961	Ariani Sa	
		Addiess	PÀR JASON 2961 UI MADISON	53	704
Please check the app	ropriate boxes:				
Support Oppose Neither S	upport Nor Oppose		and Wish to s Do not w Available	peak ish to speak to answer ques	stions
(If you answered "ne	you representing an organi o," <b>STOP;</b> you need not c t and go on to the next que	omplete the resi	on other than yourself t of this form. If you a	: [] Yes nswered "yes,"	☐ No provide the name
Name, address and t	elephone number of each j	person or organ	ization you are repress	enting:	
Are you being paid f	for your representation?			☐ Yes	□ No
Are you appearing a (If you answered "n question)	s part of your other paid do," STOP; you need not c	uties for this pe complete the res	rson or organization? t of this form. If you a	☐ Yes inswered "yes,"	☐ No ' go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	on Council)	5 minutes 3 minutes 3 minutes		

	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, <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)
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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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: 16 MAY 2006

Registrat	ion Statement	Common C	Council		
Please Print					
		PLEASE	PRINT CLEARLY		
		Name	SUZAN S	STODDI	Z.
Agenda No. 8		Address	3210 BLUFI MADISON 1	= #2	
			MADISON 1	W1 53	705
Please check the app	ropriate boxes:				
Support			and Wish to spea		
Oppose			<ul><li>✓ Do not wish</li><li>✓ Available to</li></ul>	to speak answer ques	tions
	upport Nor Oppose				
(If you answered "no	ou representing an organize, "STOP; you need not contain and go on to the next que	omplete the resi	on other than yourself: tof this form. If you ansv	☐ Yes vered "yes,"	☑ No provide the name
Name, address and to	elephone number of each p	person or organi	zation you are represent	ing:	
Are you being paid f	or your representation?			☐ Yes	🐧 No
Are you appearing a (If you answered "na question.)	s part of your other paid do," <b>STOP;</b> you need not c	uties for this per complete the res	rson or organization? t of this form If you ans	☐ Yes wered "yes,"	□ No go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing		5 minutes 3 minutes 3 minutes		

	lected official or employemental body?	e who is appear	ring solely on behalf of your office or for your municipality or Yes \(\big  \text{No}
	ered "yes" to the question you answered "no" to the		eed not complete the rest of this form, except that you must sign to the next question.)
If you are be that:	ing paid for your represe	entation, or if yo	our appearance is part of other paid duties, please be advised
<b>1</b>	Before you engage in l with the City Clerk.	obbying as a lol	bbyist, you or your principal must file an authorization
2.	Your principal is not p City Clerk.	permitted to autl	horize you to lobby unless you are registered with the
3.		principal must	nore than \$1,000 for lobbying services in any reporting t file expense statements with the City Clerk for the
	o the City Clerk's webs the City-County Building		<u>nadison.com/clerk/index.html</u> or go to the Clerk's Office at nore information.)
Date De	MAY 2014	Signature Print Name	BULLAN STODINED

	Pate:
	CITY OF MADISON
Registration Statement -	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Cynthia Rudd
Agenda No. 85	Address 305 Clemons AV
	Name Cynthia Rudd  Address 305 Clemons Av  Mndison W1 53704
Please check the appropriate boxes:	
Ticase theorems appropriate obxect.	
<b>✓</b> Support	and Wish to speak
Oppose	☐ Do not wish to speak
Neither Support Nor Oppose	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	nization or a person other than yourself: ☐ Yes ☐ No complete the rest of this form If you answered "yes," provide the name sestion)
Name, address and telephone number of each	person or organization you are representing:
	UP 보다는 이 보고 보는 이 이 이 전문을 보고 있는데 보고 있는데 보고 있는데 되었다. 보고 말이 되고 있는데 되었다고 있는데 되는데 되고 있는데 하는데 되고 있다. 나는데 되었다.
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid	
(If you answered "no," <b>STOP</b> ; you need not question)	complete the rest of this form. If you answered "yes," go on to the nex

Public Hearing (Common Council) 5 minutes

Information Hearing3 minutesOther Items3 minutes

Speaking Limits:

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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.)
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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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	Signature
	Print Name

Date: 5/16/06

Registra	tion Statement -	Common C	Council		
		COMMITTEE			
Please Print		PLEASE	PRINT CLEARLY		
		Name	Swilly son	Kile 6	7 16 hand
Agenda No.	85	Address	Syzerisor 1 929 D'She		
		Address	Madisan	100 S/	
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Speaking Limits:	Public Hearing (Con				
	Information Hearing				
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and the second of the second o	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
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Date: 5-16-06

## **CITY OF MADISON**

Registration Statement - Common Council

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Agenda No.		Name MELANIE Address Yol ELA Madum	MSIDE	BLUD
		Madern	J	53704
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oj wno you represer	u ana go on to the next quest			
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Are you an el other 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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Date	Signature
	Print Name

	Date: 2 L O O
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print  Agenda No.	PLEASE PRINT CLEARLY  Name Dean Lounos  Address 2724 Milway Koa JA
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	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," <b>STOP</b> ; you need no of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	ch 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," <b>STOP</b> ; you need no question)	I duties for this person or organization?   Yes No t 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:

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?
	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.)
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Date	Signature
	Print Name

Date: 5/16/28

Registration	on Statement	Common	Coun	ncil	
		COMMITTEE			
Please Print					
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		Name	11	1/2x 2/2 /21/	
Agenda No. 55	<b>5</b>		1	2	
Agenda 110.		Address	52	Lex Hoje 11/ 25 N. Frances 57. 1.392 WI 5370?	
			Mod	dison WI 5370?	
Please check the appro	priate boxes:				
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Speaking Limits:	Public Hearing (Com	mon Council)	5 minu	nutes	
	Information Hearing		.3 minu	nutes	
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	elected 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: 5/16/06

Registration	on Statement	Common Co	ouncil	
		COMMITTEE		
Please Print		PLEASE P	RINT CLEARLY	
		Name _	Lucie Ferra	pi.
Agenda No		Address	515 Baan Stre	el
			SIS Bean Stree Medion WI	c 53713
Please check the appro	opriate boxes:			
Support		а	nd Wish to speak	
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WYOU		tel: 2.	58-9644	
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Speaking Limits:	Public Hearing (Communication Hearing Other Items	3		

	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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)
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Date	Signature
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Registration	m Statement	COMMITTEE			
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Name, address and tele	ephone number of eacl	h person or organiz	cation you are represe	ıting:	
Are you being paid for	your representation?			Yes	No
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Speaking Limits:	Public Hearing (Com Information Hearing Other Items		5 minutes 3 minutes 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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	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	Signature
	Print Name

	Date: 5-16-06
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. <u>85</u>	Name Norman Stockwall Address 40/ Eluside Blud
Please check the appropriate boxes:	Machy CR 53704
Support Oppose Neither Support Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions  e
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	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organization you are representing:
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Public Hearing (Common Council) 5 minutes

question.)

Speaking Limits:

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental 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 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 5/16/06

Registration	on Statement	Common Council
		COMMITTEE
Please Print		PLEASE PRINT CLEARLY
	<b>×</b> 5	Name Steve Burns Address 178 4. Girhan madison
Agenda No	< 12ave)	Address 158 W. Govhan
Please check the appro		
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Speaking Limits:		nmon Council). 5 minutes 

	elected official or employee who is appearing solely on behalf of your office or for your municipality or imental body?  [ Yes ] No
	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
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Date: 5/16/06

# **CITY OF MADISON**

Registration Statement - Common Council

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		PERSERVINI CERKLI
4		Name Amy Wester
Agenda No.		Address 920 O'Sheridan Sd
		Name Amy L Westers  Address 920 O'Sheridaw Sd  Madrison WI 537/3
Please check the appr	opriate boxes:	
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Are you an elother governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?				
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Date	Signature				
	Print Name				

Date: 5/14/00

Registration	Statement - Common COMMITTEE	<u>  Council</u>
Please Print	PLEA:	SE PRINT CLEARLY
Agenda No. 85	Name Addre	Anoy Gusseut 3129 Hermina MADISCN WI 537H
Please check the appropri	ate boxes:	
Support Oppose Neither Supp	ort Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," S	epresenting an organization or a partition or a partition of the factorial properties on the next question.	erson other than yourself: Yes No est of this form. If you answered "yes," provide the name
Name, address and teleph	none number of each person or org	anization you are representing:
Are you being paid for yo	our representation?	☐ Yes ☐ No
	t of your other paid duties for this TOP; you need not complete the	person or organization?
Ir	ublic Hearing (Common Council) Iformation Hearing	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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: 5/16/06

Registra	tion Statement -	COMMITTEE
Please Print		PLEASE PRIN <u>T C</u> LEARLY
Agenda No.	85	Name Janet Stevens Address 709 Marningstar La Madison WI 53=
Please check the app  Support  Oppose	propriate boxes:  upport Nor Oppos	and Ush to speak Do not wish to speak Available to answer questions
(If you answered "n of who you represen	o," <b>STOP;</b> you need no t and go on to the next q	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name cuestion)  The person or organization you are representing:
Are you being paid	for your representation?	□ Yes □ No
Are you appearing a	s part of your other paid	duties for this person or organization?
Speaking Limits:		nmon Council)5 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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Date	Signature
	Print Name

				Date.	
		CITY OF MA	DISON		
Registra	tion Statement	Common C	ouncil		
		COMMITTEE			
Please Print					
		PLEASE	PRINT CLEARLY		
Ø		Name	Joe Low 4502 Ago	nors	
Agenda No. 💹	2	Address	4802 Ago	dehn	
			malison	UF 5	3714
Please check the app	propriate boxes:				
Support			and Wish to spe	:ak	
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Speaking Limits:	Public Hearing (Com Information Hearing Other Items				

	elected 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: MAY 16, 2006

Registrat	tion Statement	Common (	Coun	ıcil			
Please Print		PI FASE	PRINT	CLEARLY			
$\boldsymbol{\varrho}$		Name	JA	47 KRIE	NITZ		
Agenda No		Address	28	306 WII	LARI	) AVE	
			MA	ADISON,	wι	S370	14
lease check the app	ropriate boxes:						
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Are you being paid :	for your representation?					Yes [	∐ No
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Speaking Limits:	Public Hearing (Com						
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	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: 5/16/06\_

Registration	on Statement -	Common Council
		COMMITTEE
Please Print		
Flease Fillit		PLEASE PRINT CLEARLY
		Name Sarah Grace Turner
$oldsymbol{arphi}$	<b>&gt;</b> <	Name Sarah Grace rurber
Agenda No		Address 344D Amoth Ct.
		Madison WI 53784
Please check the appro	priate boxes:	마다 보다는 사람들이 되었다. 이번 전에 가장 보다는 것이 되었다. 그런 그는 그는 것이 되었다. 그는 것이 되었다. 그는 것이 되었다. 그는 사람들은 사람들이 가장 보다는 것이 되었다. 그는 것이 되었다.
		사용을 하는 것이 되었다. 그는 것이 되는 것이 되었다. 그는 것이 되었다. 
Support		and Wish to speak  Do not wish to speak
Oppose		Available to answer questions
Neither Sup	oport Nor Oppos	
At this meeting are you	i renresenting an orga	anization or a person other than yourself:   Yes No
(If you answered "no,"	" STOP; you need no	ot complete the rest of this form. If you answered "yes," provide the name
of who you represent a		
	[일 4 2 4 일 일 기가 되는 중요 1 2 2 2 2	ch person or organization you are representing:
Student as	ed Labor	Action Coalition
-111		
<u> </u>		
Are you being paid for	your representation?	Yes XNo
Arazon apparing as	art of your other paid	d duties for this person or organization?   Yes No
If you answered "no.	" <b>STOP:</b> vou need no	of complete the rest of this form. If you answered "yes," go on to the next
question)		
Speaking Limits:		mmon Council) 5 minutes
	unormanon riearing	g minutes

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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 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 <u>5//</u>	16/06 Signature Sarah Tursur

Date: May 16, 2006

### **CITY OF MADISON**

Registration Statement - Common Council

	CON	VIMITTEE		
Please Print		PLEASE PRINT CL	EADLY	
		Name <u>Leo</u>	ine José	Bicchieri
Agenda No	85	Address (SEIU	Local 1/Ju	stice for Janitors)
		1421 8	S. Park St.	Bicchieri whice for Janitors) Madwon, WI. 537
Please check the app	ropriate boxes:			
M Commont		and [	] Wish to speal	
Support		The second secon	Do not wish	
Oppose				answer questions
Neither Si	upport Nor Oppose			
At this mosting are v	ou representing an organizati	on or a person other th	on vourself	√ Yes □ No
At this meeting are y	" STOP: you need not come	olete the rest of this for	em It vou answ	ered yes," provide the name
	t and go on to the next question		77. 29 902 47.57	
Name, address and to	elephone number of each pers	on or organization you	ı are representir	ıg; /
(C 0				
de arme				
		c but	also as	a resident
			$\mathcal{A}$	Midson
			$\sqrt{\chi}$	
Are you being paid f	or your representation?			☐ Yes
Are you annearing as	s part of your other paid dutie	s for this person or org	vanization?	□ Yes ☑ No
(If you answered "no question)	o," <b>STOP</b> ; you need not comp	plete the rest of this fo	rm If you answ	vered "yes," go on to the next
Speaking Limits:	Public Hearing (Common			
	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?
The second secon	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)
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.
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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?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fine the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 5/14/16

Registration St	atement - Commo	n Councii	
Please Print	PLEA	SE PRINT CLEARLY	
Agenda No.	Name — Addr	e Zachary Smi ess 427 W Main C Madison, W	th it. #iii □ 53703
Please check the appropriate b	00Xes:		
<ul><li>Support</li><li>Oppose</li><li>Neither Support</li></ul>	Nor Oppose	and Wish to speak Do not wish to Available to a	
At this meeting are you repres (If you answered "no," <b>STOP</b> of who you represent and go of	<b>P</b> ; you need not complete the	person other than yourself: rest of this form. If you answe	☐ Yes ☑ No red "yes," provide the name
Name, address and telephone	number of each person or or	ganization you are representing	<b>g:</b>
			☐ Yes      Yo
Are you being paid for your read Are you appearing as part of y (If you answered "no," STO question)	your other paid duties for thi	s person or organization? e rest of this form. If you answe	☐ Yes 【 No
Inform	e Hearing (Common Council nation Hearing 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?  □ Yes 以No		
	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 bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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?		
	the City Clerk's website <a href="https://www.cityofmadison.com/clerk/index.html">www.cityofmadison.com/clerk/index.html</a> or go to the Clerk's Office at he City-County Building, Madison, for more information)  Signature  Muly July  Signature		
	Print Name / Zackary Smith		

Date: MRsy 17-006

Registration S	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name ////// / ///////////////////////////
Agenda No. 85	Address 1697 CRP1/ALHVE #4
	Name MARY INSMAS Address 1647 CAPITALAVE #4 MAdison, wl 53705
Please check the appropriate	
Sunnort	and Wish to speak
Support Oppose	Do not wish to speak
Neither Suppor	Nor Oppose Available to answer questions
At this meeting are you repr	senting an organization or a person other than yourself: Yes No
(If you answered "no," <b>ST</b> ( of who you represent and go	P; you need not complete the rest of this form. If you answered "yes," provide the nam
oj wno you represem ana go	on to the next question?
Name, address and telephor	number of each person or organization you are representing:
TELLANT Ad-	WCAte Group = T.A.G.
ICNITION TOO	
	사용 발표 등 보고 있는 것으로 가는 것을 받는 것을 받는 것이 되었다. 그는 것은 것은 것은 것은 것은 것은 것을 받는 것으로 되었다. 그런 것은 것은 것은 것은 것은 것은 것은 것은 것은 것은 
Are you being paid for your	representation?
	your other paid duties for this person or organization?
Are you appearing as part of (If you answered "no," STo question)	your other paid duties for this person or organization?  Yes XNo  P; you need not complete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits: Pub	c Hearing (Common Council)5 minutes
	nation Hearing 3 minutes
Othe	Items 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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.)		
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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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	Signature Ms. Meur Thomas		
	Signature Ms. Meur MoMAS  Print Name MALY THOMAS		

			Date:		
		CITY OF MADISON			
Registra	tion Statement -	Common Council COMMITTEE			
Please Print  C Agenda No.	85	PLEASE PRINT CLEARLY Name James Address 633 N Mariosa	Ploeser Frances 55703		
Please check the app	propriate boxes:				
Support Oppose Neither S					
(If you answered "n	you representing an orga no," <b>STOP;</b> you need not not and go on to the next q	anization or a person other than yourse t complete the rest of this form If you question)	olf: Yes answered "yes,"		
Name, address and t	telephone number of eac	ch person or organization you are repre	esenting:		
Are you being paid	for your representation?		☐ Yes	[⊉No	
Are you appearing a	s part of your other paid	I duties for this person or organization to the state of this form. If you	? Tes	No No go on to the next	
Speaking Limits:	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 mental body?
	vered "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)
If you are t 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 <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: 5 /16 /06

Negistiati		COMMITTEE			
Please Print					
		经付款 医多性性皮肤 经现代的 经收益 化	RINT CLEARLY		
		Name _	Barbara 31 Sherma Madison	Smi	th
Agenda No. <u>85</u>		Address _	31 Sherma	u Ter.	#3
			Madison	WI	53704
Please check the appro	opriate boxes:				
<b>Support</b>		aı	nd Wish to spea		
Oppose			Do not wish		
	pport Nor Oppose		Available to	answer ques	tions
(If you answered "no, of who you represent a	u representing an organ " <b>STOP;</b> you need not on and go on to the next que ephone number of each	complete the rest o estion)	f this form. If you answ		☐ No provide the name
rtaine, authors and or		person of organiza	illon you are represent	ng.	
Are you being paid for	your representation?			☐ Yes	☐ No
	part of your other paid on "STOP; you need not o			☐ Yes wered "yes,"	
Speaking Limits:	Public Hearing (Comn Information Hearing	3	minutes minutes		

e de la companya de	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, <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.)		
If you are b 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 <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: 1 2006

#### CITY OF MADISON

**Common Council** 

Registration Statement -

# COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. Address Please check the appropriate boxes: Wish to speak Support and Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: Yes (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: Yes Are you being paid for your representation? Yes 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 next question) Public Hearing (Common Council) 5 minutes **Speaking Limits:** Information Hearing 3 minutes Other Items 3 minutes

	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, <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.)
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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A service of the service of the service of	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 🗥	Signature  Print Name  Print Name

Date: 5//6

Registration	Statement	Common COMMITTEE	Council			
Please Print		PLEASE	PRINT CLEA	RLY		
Agenda No. <u></u>		Name Address	200	/e Mcv 17 Se	niter	
Please check the appropri	ate boxes:					
Support Oppose Neither Supp	ort Nor Oppose		$\mathbb{Z}$	Wish to speak Do not wish to Available to a	o speak	tions
At this meeting are you re (If you answered "no," S of who you represent and	TOP; you need not c	complete the re		the state of the s	Yes ered "yes,"	No provide the name
Name, address and teleph	one number of each	person or orgar	ization you a	re representin	g:	
Are you being paid for yo	our representation?				Yes	No
Are you appearing as part (If you answered "no," S question)					☐ Yes ered "yes,"	☐ No ' go on to the next
In	iblic Hearing (Comm formation Hearing ther Items		5 minutes 3 minutes 3 minutes			

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No		
	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)		
If you are be that:	ing 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?		
(Please go to Room 103 of	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 <u>J</u>	Signature Print Name Steve Horrick		

Date: 5/U/06

Registra	ıtion Statement - ַ	Common Council COMMITTEE
Please Print		DI FACE DOINT OF FADIV
		PLEASE PRINT CLEARLY
		Name Erik Eriksson
Agenda No.	85	Name Erik Eriksson Address 305 S. Segoe Rd.
At this meeting are (If you answered "r of who you represer	Support Nor Oppose  you representing an orga  no," STOP; you need not  nt and go on to the next q  Sweden esche hes f	and Wish to speak  Do not wish to speak  Available to answer questions  nization or a person other than yourself: Yes No  complete the rest of this form. If you answered "yes," provide the name  uestion)  month payed leave for taking case of new-born buby.  I person or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
		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
		3 minutes
	Other Items	

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
		ed "yes" to the question, <b>STOP.</b> 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 a that:	re bein	g paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please Room 1	go to 03 of th	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ne City-County Building, Madison, for more information.)
Date _	\$/16	1206 Signature Erik Erikaan Print Name Erik Erikaan

Date: <u>3/16/2006</u>

Registra	ition Statement -	Common Council
Please Print		COMMITTEE
		PLEASE PRINT CLEARLY
		Name RXXV LIPSCOMB
Agenda No.	5	Name RXAN LIPSCOMB Address 737 Elohnson St. Apt. 5
Please check the ap	propriate boxes:	
		and Wish to speak
Oppose		Do not wish to speak
	Support Nor Oppos	Available to answer questions
(If you answered "r of who you represer	no," <b>STOP;</b> you need no nt and go on to the next t	anization or a person other than yourself:  Yes No  It complete the rest of this form If you answered "yes," provide the name question.)  The person or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
		복용하는 경우 시간 문항 본 경우를 받을 수 있는 <u>경우</u> 사람들은 <u>하는 것</u> 같은 것 같다.
		I duties for this person or organization?  Yes No to the next of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Cor	nmon Council)5 minutes
	Information Hearing	3 minutes
요하다 그는 말이 되어 있다.	Other Items	Description of the Saminutes of the Same Same Same Same Same Same Same Sam

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?		
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)		
If you are t that:	peing 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 <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		
	and the state of the		

	/			19 11 23	1.000	9.2	14.1	2.35
Date:	<b>'</b> '	101	(0)	n ::	) de la constante de la consta		ĖÜ,	
Paic.				<u>~</u>				

Registration Statement	- Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 85	Name Jamie Kluz  Address 737 E Johnson St #1  Madison, WI 53703
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Opp	and Wish to speak Do not wish to speak Available to answer questions  Ose
At this meeting are you representing an of (If you answered "no," STOP; you need of who you represent and go on to the ne.	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)
Name, address and telephone number of	each person or organization you are representing:
Are you being paid for your representation	n? ☐ Yes ⊠No
Are you appearing as part of your other p (If you answered "no," STOP; you need 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.
Information Hear	Common Council)5 minutes ing

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?
	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 bei that:	ing 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	Signature
	Print Name

			=
		CITY OF MADISON	
Registrat	ion Statement -	Common Council COMMITTEE	
<u>Please Print</u>		PLEASE PRINT CLEARLY	
Agenda No. S		Name ENOPIN Address 625 WATAPL: MADIS DA 53709	
Please check the appr	ropriate boxes:		
At this meeting are y (If you answered "no of who you represent	o," <b>STOP;</b> you need no and go on to the next o	anization or a person other than yourself: \(\bigcup \text{Yes}\) \(\bigcup \text{No}\) ot complete the rest of this form. If you answered "yes," provide the nan	ıe
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, " <b>STOP;</b> you need no	d duties for this person or organization?  \[ \begin{aligned} \text{Yes} & \begin{aligned} \text{No} \\ ot complete the rest of this form. If you answered "yes," go on to the new	xt
Speaking Limits:		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 nmental body?  Yes No
	vered "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)
If you are t that:	being 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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the Clerk's Office at of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

	CITY	OF MADIS	ON		
Registrat	on Statement - <u>Com</u>	mon Cou	ıncil		
Please Print					
Agenda No.		Name	NT CLEARLY Scott Specto 132 & W. Madisan N	/ lson 3 t VI = 5 3 7	# f B 03
Please check the appr	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose	and	Do not wis		tions
(If you answered "no of who you represent	ou representing an organization of an investment of the next question of the next question of the next question of each person	e the rest of	this form. If you an	swered "yes,"	□ No provide the name
	or your representation?			☐ Yes	□ No
Are you appearing as (If you answered "no question)	part of your other paid duties for," STOP; you need not complet	or this persor te the rest of	or organization? this form. If you an	☐ Yes iswered "yes,'	☐ No ' go on to the next
Speaking Limits:	Public Hearing (Common Con Information Hearing Other Items	3 n	ninutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "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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	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: 5	16	06
	NATIONAL PAR	

Registrat	ion Statement	Common COMMITTEE	Council		
Please Print		PLEASI	E PRINT CLEARLY		
Agenda No.	5	Name Address	Scotlago 14/N.Fr Madisa	5 mr 11-4 W163	707
Please check the app	ropriate boxes:				
Support Oppose Neither St	upport Nor Oppose			speak vish to speak e to answer quest	tions
(If you answered "no of who you represen	ou representing an organ o, " <b>STOP</b> ; you need not of t and go on to the next qu elephone number of each	complete the re estion)	est of this form. If you d	answered "yes,"	No provide the name
Are you being paid 1	for your representation?			☐ Yes	<b>₽</b> ₩
Are you appearing a (If you answered "n question.)	s part of your other paid o o," <b>STOP;</b> you need not	duties for this p complete the re	erson or organization? est of this form. If you	☐ Yes ¿ answered "yes,"	go on to the next
Speaking Limits:	Public Hearing (Coming Information Hearing Other Items		3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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)
If you are be that:	eing 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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 16 M1 AY'06

Registra	tion Statement -	Common Council COMMITTEE
Please Print		PLEASE PRINT CLEARLY
Agenda No.	5	Name BRIAN MCCARTHY Address 110 S. HENRYST  LUADISON 53703
Please check the app	propriate boxes:	
Support Oppose Neither S	upport Nor Oppos	and ☐ Wish to speak ☑ Do not wish to speak ☐ Available to answer questions e
(If you answered "n	you representing an orga o, " <b>STOP;</b> you need no at and go on to the next o	nization or a person other than yourself:  \[ Yes \ No \] complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and t	elephone number of eac	h person or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
Are you appearing a (If you answered "n question)	s part of your other paid to," <b>STOP;</b> you need no	duties for this person or organization?
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

	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, <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.)
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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	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: 0-76-06
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 85	Name MARY G. JENNY Address 818 HIAWATHA DR MADISON, WI 53711
lease check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions e
	unization or a person other than yourself:  \[ \sum \text{Yes} \sum \text{No} \]  It complete the rest of this form If you answered "yes," provide the name question)
lame, address and telephone number of eac	h person or organization you are representing:
re you being paid for your representation?	☐ Yes 🔀 No

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes

Yes

Other Items 3 minutes

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 next

question)

Speaking Limits:

	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, <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.)
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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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: May 16

Registrat	ion Statement -	Common Council
		COMMITTEE
Please Print  Agenda No.		PLEASE PRINT CLEARLY  Name Downd Williams  Address 616 S. Brewy  Madison WI
Support Oppose Neither Su  At this meeting are ye (If you answered "no of who you represent	upport Nor Oppose ou representing an orga ," STOP; you need not and go on to the next q	nization or a person other than yourself:   Yes   No complete the rest of this form. If you answered "yes," provide the name
Are you appearing as		☐ Yes ☐ No 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 Information Hearing Other Items	mon Council) 5 minutes 3 minutes 3 minutes

	Print Name
Date	Signature
(Please go t Room 103 of	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)
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?
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
If you are bethat:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
(If you answ this form. If	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)
other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?

				Date:	
		CITY OF MAI	DISON		
Registrat	ion Statement -	Common C	ouncil		
		COMMITTEE			
Please Print			PRINT CLEARLY	, K	
Agenda No.		Name	Laurie Fra 1337 Jenifer	<u>~1</u>	
agenta 1to.		Address	Madison, WI		
Please check the appr	opriate boxes:				
Support Oppose Neither Su	ipport Nor Oppos		and Wish to spe  Do not wish  Available to		ions
If you answered "no of who you represent	," <b>STOP;</b> you need no and go on to the next	ot complete the rest question)	on other than yourself: of this form. If you ans zation you are represent		
Are you being paid fo	or your representation?			☐ Yes	⊠No
Are you appearing as If you answered "no question)	part of your other paid," STOP; you need no	d duties for this per ot complete the rest	son or organization? of this form. If you ans	☐ Yes swered "yes,"	☑No go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items		3 minutes		

	n elected official or employee who is appearing solely on behalf of your offic rnmental body?	e or for your municipality or Yes No
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this fo If you answered "no" to the question, go on to the next question)	rm, except that you must sign
If you are be that:	being paid for your representation, or if your appearance is part of other p	aid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or your principal mus with the City Clerk	t file an authorization
2.	Your principal is not permitted to authorize you to lobby unless you a City Clerk	e registered with the
3	If your principal spends or will owe more than \$1,000 for lobbying ser- period (half year), the principal must file expense statements with the remainder of the calendar year?	
	o to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or of the City-County Building, Madison, for more information)	go to the Clerk's Office at
Date	Signature	
	Print Name	

				Date:	
		CITY OF MADISO	NC		
Registra	tion Statement -	Common Coul	ncil		
		COMMITTEE			
Please Print		PLEASE PRIN	da e atra eta e fall e al fallès de		
	$\mathcal{L}_{\mathcal{C}}$	Name	CLAIBOR	NE HU	
Agenda No.	85	Address	6102 Oi	illusha	4
			CLAIBOR 6102 QU Monona	037	R
Please check the app	propriate boxes:				
Support		and	Wish to sp		
Oppose				sh to speak	
general and the second of the	upport Nor Oppos	e	Available	to answer ques	tions
(If you answered "n	you representing an orga to," <b>STOP;</b> you need no at and go on to the next q	t complete the rest of th			
Name, address and t	elephone number of eac	h person or organization	n you are represer	nting:	
	Do the	Right thi	na.		
	Wear	fight this	inting Or	1 John	Cadershir
Are you being paid	for your representation?			☐ Yes	∭No
	s part of your other paid to," <b>STOP;</b> you need no			☐ Yes iswered "yes,"	
Speaking Limits:	Information Hearing	nmon Council) 5 mir 3 mir 3 mir	nutes		

other government	nental body?   Yes No
	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 be that:	ing 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
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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 <b>5/</b> (	6/06 Signature Ashar S
	Print Name ASHON KUMAD

		CITY OF MADISON
Registra	tion Statement -	Common Council
		COMMITTEE
Please Print		PLEASE PRINT CLEARLY
		Name Koun M. Cettrum
Agenda No	85	Address /825 Belv 5+ # 3
		Midison WI 53713
Please check the app	propriate boxes:	
√ Support		and Wish to speak
<b>了</b> Oppose		<ul><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Neither S	upport Nor Oppos	se
If you answered "n	you representing an orga o, " <b>STOP;</b> you need no t and go on to the next o	anization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name question)
Name, address and t	elephone number of eac	ch person or organization you are representing:
Are you being paid f	for your representation?	Yes □ No
Are you appearing a (If you answered "n question)	s part of your other paid o," <b>STOP;</b> you need no	d duties for this person or organization? Yes No of complete the rest of this form If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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 be that:	ing 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	Signature
	Print Name

Date: 5/16/06

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No 85	Name Aaron Birenbaum  Address 1129 Latollette  Mount Horeb, WF 5357
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	anization or a person other than yourself: XYes \sum No tomplete the rest of this form If you answered "yes," provide the name
	ch person or organization you are representing:
ACOBN	
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)	d duties for this person or organization?  Yes No No ot complete the rest of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Con Information Hearing Other Items	医多头头 医克拉氏性 医皮肤溶液 医多种 医二氏试验检 医多种性性病毒性 医性毒素 医多克姆氏病 化电影 经收款股票 医毒性

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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)
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 <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 5	1/6/06 Signature 4/2002 Montain
	Print Name <u>Aaron Birentaum</u>

Date: May 16,06

Registratio	n Statement -	Common Co	uncil	
Please Print			IINT CLEARLY	
Agenda No. 35		NameAddress	Susan Vilbra 938 Pontiac Madison	ndt - Tr 53711
Please check the approp	riate boxes:			
Support Oppose Neither Sup	port Nor Oppos	e e	d Wish to speak Do not wish to speak Available to answer of	questions
At this meeting are you (If you answered "no," of who you represent an	STOP; you need not	t complete the rest o	other than yourself:	
Name, address and telep	bhone number of eac	h person or organiza	tion you are representing:	
Are you being paid for	your representation?		$oxed{ ext{Y}}$	es No
Are you appearing as pa (If you answered "no," question)			n or organization?	
	Public Hearing (Com Information Hearing Other Items		minutes minutes minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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.)
If you are both	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 <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

		CITY OF MAI	DISON			
Registrat	tion Statement	Common C	ounci			
Please Print  Agenda No.		PLEASE I Name Address	"高"和"大利"的"大利"等的""	LEARLY ori Nitz or 09 Heri adisan, h	el minast U 537	
At this meeting are y (If you answered "no of who you represen	upport Nor Oppose you representing an organ o," STOP; you need not of t and go on to the next que	ization or a perso complete the rest estion.)	d on other of this f	than yourself: form If you ans	h to speak o answer ques  Yes swered "yes,"	\
Are you appearing a	for your representation? s part of your other paid of o," STOP; you need not	luties for this per complete the res	son or o	rganization? form. If you an	☐ Yes☐ Yes swered "yes,"	☐ No ☐ No
Speaking Limits:	Public Hearing (Communication Hearing Other Items	ինչ է ինչպես հետում հետում և հրականում և բ արտագործում արդադագահանում արտագահումն	3 minute	es		

Date: 5-11-06

Are you an ele other governme	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "yes" to the question, <b>STOP.</b> 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.)
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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
: 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Print Name

				Date:	16-6
		CITY OF MA	DISON		
Registra	tion Statement -		Council		
Please Print  Agenda No.	65	COMMITTEE  PLEASE  Name  Address	PRINT CLEARLY  S340 A  MADISON	PANSMI MOTH CX S, WIS	3704
Please check the app	propriate boxes:				
Support Oppose Neither S	upport Nor Oppo	se	4	speak wish to speak lle to answer ques	tions
(If you answered "n	you representing an org to," <b>STOP;</b> you need no to and go on to the next	ot complete the res			□ No provide the name
医牙上颌畸形 医侧侧 化氯化铁矿 机电路电路	elephone number of ea	선생 교육으로 가는 사람들이 흔들었다.	ization you are repre	senting:	
Four 6	dkes Green	J PANTY			
Po. Bo	× 1707	U			
MADISO	N, WI 53	701-1701			
Are you being paid	for your representation	· · · · · · · · · · · · · · · · · · ·		☐ Yes	No
	s part of your other pai o," <b>STOP;</b> you need n				☐ No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing				

Other Items 3 minutes

Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	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 be that:	ing 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	Signature
	Print Name

Date: May 16,06

Registration Statemen	t - Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Sarah Shatz
Agenda No. <u>85</u>	Name Sarah Shatz  Address 2133 Center Ave #1  Madison, WI 53704
	Madison WI 53704
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
그녀프로 그 나는 이를 들어가 된 사람들이 되는 것이 되었다. 그 사람이 되었다.	Available to answer questions
Neither Support Nor Opp	
At this meeting are you representing an (If you answered "no," <b>STOP</b> ; you need of who you represent and go on to the ne	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name ext question)
Name, address and telephone number of	each person or organization you are representing:
	경기 교육 등 경기 등 경기 등 경기 등 경기 등 경기 등 등 등 기업 등 기업
	일하는 아는 사람들은 사람이 하는 일반 보고 있는 사람들은 사람들은 사람들은 사람들이 되었다.
Are you being paid for your representati	on?
	paid 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 (	Common Council) 5 minutes
	ring 3 minutes
Other Items	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?
	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)
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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 the City-County Building, Madison, for more information)
Date Ku	Signature Print Name  Signature  AND

Date:  $\frac{5/16}{2006}$ 

Negistiai	iidii Statement -	COMMITTEE	
Please Print			
		PLEASE PRINT CLEARLY	
C.		Name BILL KEYS Address 2 N. ROCK MADISON, WI	
Agenda No.		Address 2 N. ROCK	<b>₹</b> 0.
		MADISON, WI	\$ 53705
Please check the app	ropriate boxes:		
<b>Support</b>		and 🔲 Wish to sp	eak
Oppose		☑ Do not wis	h to speak
	ipport Nor Oppos	Available	to answer questions
(If you answered "no	ou representing an organ, " <b>STOP;</b> you need no and go on to the next q	unization or a person other than yourself: t complete the rest of this form. If you an question)	☐ Yes ☒ No swered "yes," provide the name
Name, address and to	elephone number of eac	h person or organization you are represer	iting:
Are you being paid for your representation?			☐ Yes ☐ No
		l duties for this person or organization? t complete the rest of this form. If you an	Yes No swered "yes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		

Are you an e other governi	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
	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 be that:	ing 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	Signature		
	Print Name		

		Date:
		CITY OF MADISON
Registrat	ion Statement	Common Council
Please Print		
i icase i iiit		PLEASE PRINT CLEARLY
		Name Emily Kolanko
Agenda No. <u>S</u> S		Address 215 N. Pincknow St Lot 4
		Name Emily Kolania Address 215 N. Pinckney St. Apt. 4 Modison, W1 53763
Please check the appr	ropriate boxes:	
Support		and Wish to speak  Do not wish to speak
Oppose		Available to answer questions
Neither Su	ipport Nor Oppose	
(If you answered "no		nization or a person other than yourself:  \[ Yes \] No  \[ complete the rest of this form If you answered "yes," provide the name uestion)
Name, address and te	lephone number of each	h person or organization you are representing:
Are you being paid fo	or your representation?	☐ Yes ☐ No
		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:		mon Council) 5 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
(If you answ this form If	vered "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)
If you are l that:	peing 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?
(Please go Room 103 d	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

		de la companya de la
		CITY OF MADISON
Pogietro	tion Statement -	Common Council
Registia	tion Statement -	COMMITTEE
Please Print		PLEASE PRINT CLEARLY
		Name Joffre 1 Knyme 120
Agenda No.	55	Name Settrey Droxmater  Address 6/2 Howard Place, Apt H  Madison WI 53703
		Madison, WI 53703
Please check the app	propriate boxes:	
∑ Support		and Wish to speak
Oppose		Do not wish to speak
A CONTRACTOR OF THE CONTRACTOR	upport Nor Oppo	Available to answer questions
(If you answered "n of who you represen	o," <b>STOP;</b> you need no t and go on to the next	canization or a person other than yourself:   Yes No of complete the rest of this form. If you answered "yes," provide the nan question)  ch person or organization you are representing:
Are you being paid	for your representation	? Yes \( \)XNo
Are you appearing a (If you answered "n question)	s part of your other pai o," <b>STOP;</b> you need n	d duties for this person or organization?   Yes X No  ot complete the rest of this form. If you answered "yes," go on to the ne
Speaking Limits:	T. Ctian Illamin	mmon Council) 5 minutes g 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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.)
If you are b 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 <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information)
Date	Signature
	Print Name

	Date:
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. きち	Name Julie Shevrin  Address 308 N. Carroll  Madison, WI 53703
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions se
	anization or a person other than yourself: \(\sum \) Yes \(\sum \) No the complete the rest of this form If you answered "yes," provide the name question)
Name, address and telephone number of eac	ch person or organization you are representing:
Are you being paid for your representation?	☐ Yes ÞŅo
Are you appearing as part of your other paid	
Speaking Limits: Public Hearing (Con Information Hearing Other Items	

and the second s	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, <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)
If you are b	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	Signature
	Print Name

				Date:_	5/16/06
		CITY OF MA	ADISON		
Registrat	tion Statement	Common (	Council		
<u>Please Print</u>			PRINT CLEARLY		
Agenda No.	35	Name Address	Mark 1920 Bi Madison	Supanic inge Ten. . Wi	л исе 44 53726
Please check the app	propriate boxes:				
Support Oppose Neither S	upport Nor Oppose		🔼 Do 1	h to speak not wish to spe ilable to answ	eak er questions
(If you answered "n	you representing an orgar o," <b>STOP;</b> you need not t and go on to the next qi	complete the res	son other than you st of this form. If y		Yes \(\Boxed{\Boxes}\) No "yes," provide the name
Name, address and t	elephone number of each	person or orgar	nization you are re	epresenting:	
Are you being paid	for your representation?				Yes □ No
Are you appearing a (If you answered "n question)	s part of your other paid to," <b>STOP;</b> you need not	duties for this pe complete the re	erson or organizat st of this form. If		Yes  No '"yes," go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing				

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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)
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
	Print Name

				$\mathbf{I}$	)ate:	
		CITY OF MA	DISON			
Registrat	ion Statement -	Common C	Council			
Please Print  Agenda No.		<b>PLEASE</b> Name	PRINT CLEA  1221  221  221	Schwar	its .sh	
Please check the app	ropriate boxes:					
Support Oppose Neither St	upport Nor Oppos	(e	₩ I	Wish to spea Do not wish Available to		tions
(If you answered "no	ou representing an orga o," <b>STOP;</b> you need no t and go on to the next o	t complete the res	on other than t of this form	yourself: If you answ	Yes yered "yes,"	☐ No provide the name
Name, address and to	elephone number of eac	ch person or organ	ization you a	re represent	ng:	
Are you being paid i	for your representation?				☐ Yes	□ No
Are you appearing a (If you answered "n question.)	s part of your other paid o," <b>STOP;</b> you need no	d duties for this pe ot complete the res	rson or organ at of this form	nization? 1. If you ans	☐ Yes wered "yes,'	☐ No ' go on to the next
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	onanooonaan maa oo aa a	.3 minutes			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?    Yes   No
	vered "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.)
If you are b 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 <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: 5/16/06

Registrai	ion Statement -	COMMITTEE			
Please Print					
		PLEASE PRIN	T CLEARLY		
		Name	MATTHEW	Poulson	
Agenda No.	)	Address	1705 13		S7-
			Made	A00 15	153713
Please check the app	ropriate boxes:				
Support		and	□ Wish to spe		
Oppose			Do not wisl		
	upport Nor Oppos		Available to	o answer ques	tions
A : 12:	our representing an organ	nization or a person of	her than yourself	☐ Yes	ΓΊνο
(If you answered "no	ou representing an orga o," <b>STOP;</b> you need not	complete the rest of the	nis form. If you ans		and the second of the second o
	t and go on to the next q				
Name address and t	elephone number of eacl	h nerson or organizatio	n vou are represen	tino:	
name, address and t	etephone number of each	ii person or organizatio	m you are represent	<u>5</u>	
Are you being paid	for your representation?			☐ Yes	[]No
			ay aranjartian?	Yes	[]_NO
Are you appearing a (If you answered "n question)	s part of your other paid o," <b>STOP;</b> you need no	t complete the rest of t	or organization: his form. If you an:	and the first terminal property of the contract of the contrac	
Speaking Limits:	Public Hearing (Com	nmon Council)5 mi	nutes		
		3 mi	nutes		
	Other Items		nutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	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.)
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 <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: 3/12

Registrat	ion Statement	Common Council COMMITTEE	
Please Print  Agenda No.	35	PLEASE PRINT CLEARLY  Name Sary  Address	outon half L
Please check the app  Support	ropriate boxes:	and ☐ Wish to spe	
Oppose Neither S  At this meeting are y	upport Nor Oppose	e nization or a person other than yourself:	answer questions  Yes No
of who you represen	t and go on to the next q	complete the rest of this form. If you ans uestion) h person or organization you are represent	
Are you being paid	for your representation?		Yes No
Are you appearing a (If you answered "n question)	s part of your other paid to," <b>STOP;</b> you need not	duties for this person or organization? t complete the rest of this form. If you ans	☐ Yes ☐ No swered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
(If you answe this form If y	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.)
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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(Please go i 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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: May 16, 2006

Registrat	ion Statement	Common Council COMMITTEE		
Please Print  Agenda No.	35	PLEASE PRINT CLEARI  Name Krish  Address 1215		) 3t, Apt 21
At this meeting are y (If you answered "no of who you represen	upport Nor Oppose  you representing an orga o," STOP; you need not t and go on to the next q	e  nization or a person other than yes to complete the rest of this form. If	f you answered "yes,"	N₀
Are you being paid	for your representation?		Yes	∐ No
Are you appearing a (If you answered "n question)	s part of your other paid o," <b>STOP;</b> you need no	duties for this person or organiz t complete the rest of this form. I	ation?	☐ No " go on to the next
Speaking Limits:		nmon Council) 5 minutes 3 minutes 3 minutes		

Are you an oother govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form If	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)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go Room 103 o	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: 5/14/06
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Susan Nossal
Agenda No. 85	Address 138 W. Gorham St.
	Madison, W1 53703
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose 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 que Name, address and telephone number of each	ization or a person other than yourself:  \[ Yes \] No  complete the rest of this form. If you answered "yes," provide the name  westion)
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	duties for this person or organization?  Yes  No complete the rest of this form If you answered "yes," go on to the next

Public Hearing (Common Council). 5 minutes

Information Hearing3 minutesOther Items3 minutes

question)

Speaking Limits:

Are you an el other governm	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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 be that:	ing 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	Signature
	Print Name

Date: 16May Co

Registrati	on Statement	Common Council COMMITTEE
Please Print  Agenda No.	077 35-Sicke	PLEASE PRINT CLEARLY  Name Clarissa Pearson  Address 1109 Wayridge Dr. #3  Madison, WF 53 704
At this meeting are you (If you answered "no of who you represent	upport Nor Oppose ou representing an orgal ," STOP; you need not and go on to the next q	nization or a person other than yourself: \(\sum \text{Yes}\) Yes \(\sum \text{No}\) to complete the rest of this form. If you answered "yes," provide the name
Are you appearing as	part of your other paid o, "STOP; you need not Public Hearing (Com Information Hearing Other Items	3 minutes

Are you an election other government	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign unswered "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 see City-County Building, Madison, for more information.)
Date	MIOO Signature MANNAGERA
	Print Name UNAUSSA XC/GUSW

Date: 5/16/0 C

Registration State	ment - Common Counc	
Please Print  Agenda No.	PLEASE PRINT O  Name DAN  Address	CLEARLY ROSENTHAC
(If you answered "no," <b>STOP</b> ; yo of who you represent and go on to	and  Oppose  ng an organization or a person other u need not complete the rest of this	form. If you answered "yes," provide the name
(If you answered "no," <b>STOP</b> ; you question)  Speaking Limits: Public Hea	other paid duties for this person or o	form. If you answered "yes," go on to the next

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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)
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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 the City-County Building, Madison, for more information.)
Date $\int \int \int$	610 \$ Signature Dan Am
	Print Name DANGEL NOSERTEME

Date: 5/10/06

Registration State	ment - Common Council	
Please Print	PLEASE PRINT CLEARLY	
	<u> </u>	
	Name AARON CRANDALL  Address 108 PROUDFIT ST	
Agenda No	Address 108 PROLDFIT ST	
	MARISON, WI 53715	
Please check the appropriate boxe		
	and Wish to speak	
Support	Do not wish to speak	
' Oppose	Do not wish to speak  Available to answer questions	
Neither Support No		
(If you answered "no," <b>STOP</b> ; yo of who you represent and go on to	ng an organization of a person other than yourself:  Yes  No u need not complete the rest of this form. If you answered "yes," provide the next question) ber of each person or organization you are representing:	
Are you being paid for your repre	sentation?	3
Are you appearing as part of your (If you answered "no," <b>STOP</b> ; you question)	other paid duties for this person or organization? Yes Now need not complete the rest of this form. If you answered "yes," go on t	
Information	nring (Common Council) 5 minutes n Hearing 3 minutes s 3 minutes	

	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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)
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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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 5/16/06

Registra	tion Statement	Common Council
		COMMITTEE
Please Print		PLEASE PRINT CLEARLY
		Name Nathan Hofmann
Agenda No. <u>85</u>		Address 2801 Coventry Trail
		Name Nathan Hofmann Address 2801 Coventry Trail Madison, WI
Please check the app	ropriate boxes:	
⊠ Support		and Wish to speak
Oppose	8. H B B B B B B B.	Do not wish to speak
	upport Nor Oppose	Available to answer questions
	t and go on to the next q	n person or organization you are representing:
Are you being paid	for your representation?	☐ Yes 💹 No
Are you appearing a (If you answered "n question)	s part of your other paid o," <b>STOP;</b> you need not	duties for this person or organization?  Yes No recomplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:		umon 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 mental 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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	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	116/06 Signature Warwan Hoffmann

Date: 5 (16/06

Registra	tion Statement	Common (	Council		
		COMMITTEE			
Please Print			PRINT CLEARLY		
		Name	Fernando Can 312 East Bla Madison, W	o Ospio	ገራ
Agenda No		Address	312 East B/	JFF	
			Madison, W	c 5370	)4
Please check the app	propriate boxes:				
<b>⊠</b> Support			and Wish to spe		
Oppose			☑ Do not wis ☐ Available t	n to speak o answer ques	stions
Neither S	upport Nor Oppose				
(If you answered "n	you representing an organo," <b>STOP;</b> you need not t and go on to the next qu	complete the res	on other than yourself: t of this form. If you ans	☐ Yes wered "yes,"	No provide the name
Name, address and t	elephone number of each	n person or organ	ization you are represen	ting:	
Are you being paid	for your representation?			☐ Yes	⊠No
Are you appearing a (If you answered "n question)	s part of your other paid o," <b>STOP;</b> you need not	duties for this pe complete the re	rson or organization? Set of this form If you an	☐ Yes swered "yes,'	☐ No " go on to the next
Speaking Limits:	Public Hearing (Com	mon Council)	5 minutes		
	Information Hearing Other Items	n en	3 minutes		
	CULUI ILVIXIO			古海 医甲状腺 化乙酰甘汞	化氯化二苯甲基氯化甲基氯化基甲基甲基

Are you an elother governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
and the second of the second of the second	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)	
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: 5-16-06

Registrat	ion Statement	Common Council
		COMMITTEE
Please Print		
		PLEASE PRINT CLEARLY
O.F		Name Stephanie Brook
Agenda No. 85		Name Stephanie Krook Address 312 E. Bluff
		Madison, W1 53704
Please check the app	ropriate boxes:	
		and Wish to speak
Support		Do not wish to speak
Oppose Noither St	ipport Nor Oppose	Available to answer questions
Neither St	ipportition Opposi	
At this meeting are y	ou representing an orga	nization or a person other than yourself: Yes XNo
(If you answered "no	o," <b>STOP</b> ; you need not	complete the rest of this form. If you answered "yes," provide the name
oj wno you represeni	and go on to the next q	
Name, address and to	elephone number of eacl	n person or organization you are representing:
	를 하는 이름을 보고 있는 것이다. 음자들은 경기가 있다고 있다.	마음 보다 마음 보다 되었다. 그는 사람들은 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들이 되었다. 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
Are you being paid f	or your representation?	No No
Are you annearing as	s part of your other paid	duties for this person or organization?  Yes No
(If you answered "no question)	o," <b>STOP;</b> you need not	t 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	3 minutes

Are you an e other governi	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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 be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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: 5-16-06
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY  17  17
Agenda No. 85 Mandatry Minima Sick leve	Name Kristin Kurinsti  Address 45 Ni Randall Ave 4509  Madison, WI 5376
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:
Tenant Advocacy Group	
1121 Univerity Are	
Madyon, WI 53765	
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?  \[ \sum \text{Yes}  \text{You} \] No to the next of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing	

Other Items 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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.)
If you are b that:	eing 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?
	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	Signature
	Print Name

	Date: 5-16-06.
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
genda No.	PLEASE PRINT CLEARLY  Name Nora Redard:  Address 1009 Hagwood Dr. Apt.  Madison W 53715
lease check the appropriate boxes:  Support Oppose Neither Support Nor Oppos	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
t this meeting are you representing an orga f you answered "no," <b>STOP;</b> you need no f who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
그렇게 보고 보고 있다. 그는 사람들은 아이들은 사람들은 사람들은 사람들이 가장 그를 보고 있다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	th person or organization you are representing:  for Worker Justice.
re you being paid for your representation?	☐ Yes ☑ No

Speaking Limits:

question)

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

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 complete the rest of this form If you answered "yes," go on to the next

Are you an ele other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign 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, please be advised		
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 \$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?		
	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 5	-16-06. Signature Wra Redaid. Print Name Word Redurd.		

				Date:	
		CITY OF MAD	ISON		
Registra	tion Statement	Common Co	ouncil		
		COMMITTEE			
Please Print  Agenda No.	36	PLEASE PF Name Address	RINTICLEARLY KENEE ( 1225 R Madizon,	3cu 6 u +1e 9 W <del>T</del> = 8	2/ Ige#1 33703
Please check the app	propriate boxes:				
Support Oppose Neither S  At this meeting are y (If you answered "n	upport Nor Oppose  you representing an organio," STOP; you need not of the next que	ization or a person complete the rest o	other than yourself:	h to speak o answer ques  Yes	IZMo
	elephone number of each		ation you are represen	ting:	
Are you being paid	for your representation?			☐ Yes	□ No
Are you appearing a (If you answered "n question)	s part of your other paid d o," <b>STOP;</b> you need not o	luties for this perso complete the rest o	on or organization? of this form. If you an	☐ Yes swered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Comn Information Hearing Other Items	3	minutes minutes minutes		

"这一百年的女子","我们一年的一年的,我们们	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, <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)	
If you are be that:	ing 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.	
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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	Signature	
	Print Name	

Date: 5/16/01

Registrat	tion Statement -	Common Council
		COMMITTEE
Please Print		PLEASE PRINT CLEARLY
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$\sigma$		Name Shelley Fite
Agenda No. 📉		Name Shelley Fite Address 1/26 Jenifer St.
		Madison, WI 53703
Please check the app	ropriate boxes:	
$\mathbf{X}_{\mathbf{Z}}$		and Wish to speak
Support		Do not wish to speak  Available to answer questions
Oppose	No	Available to answer questions
Neitner S	upport Nor Oppos	
(If you answered "no	o," <b>STOP;</b> you need no	nization or a person other than yourself: Yes No t complete the rest of this form If you answered "yes," provide the name
oj wno you represen	t and go on to the next q	
Name, address and t	elephone number of eac	h person or organization you are representing:
Are you being paid t	for your representation?	☐ Yes ☐ No
	4 of other poid	Iduties for this person or organization? Yes No
Are you appearing a (If you answered "n question)	s part of your other paid o," <b>STOP;</b> you need no	I 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
opearing Limits.	Information Hearing	
	Other Items	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	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.)
If you are b 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 <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: May 16, 2006

Registrat	ion Statement	Common Cou	ıncil		
		COMMITTEE	로 하고 마음 기가 있는 것으로 하고 있다. 사용 등 기가 가는 것으로 가지 않는		
Please Print		PLEASE PRI	NT CLEARLY		
0 4		Name	Joan L	Jiers	
Agenda No		Address	509 N	orth port	Dr. Apt
			MADIS	on, W	1
Please check the appr	opriate boxes:		NT CLEARLY  Joan 1  509 N  MADISE	53	704
Support		and			
Oppose			Do not wish		
	pport Nor Oppos	<b>e</b>	∐ Available to	answer questi	ions
	and go on to the next q		on you are represent	ing:	
Are you being paid for	or your representation?			☐ Yes	☑No
Are you appearing as (If you answered "no question)	part of your other paid o, " <b>STOP;</b> you need no	duties for this person t complete the rest of	or organization? this form. If you ans	☐ Yes wered "yes,"	☑No go on to the next
Speaking Limits:	Public Hearing (Com	nmon Council) 5 n	ninutes		
	Information Hearing	3 n			
	Other Items		ninutes		

Are you an el other governn	かいち はんしょうしょ さんじ 海 かった かんしょ かた 公正 かんとうしょ かんけんしゅ しゅうしんしん	nppearing solely on	behalf of your office or for your municipality or  Yes Your
	red "yes" to the question, <b>STOP.</b> Y ou answered "no" to the question,		ete the rest of this form, except that you must sign uestion.)
If you are beithat:	ing paid for your representation, o	r if your appearance	ce is part of other paid duties, please be advised
	Before you engage in lobbying as with the City Clerk.	s a lobbyist, you or	your principal must file an authorization
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3.	사람들은 사람이 되는 사람이 되었다. 그는 사람들이 가장 하는 사람들은 사람들이 되었다.		00 for lobbying services in any reporting statements with the City Clerk for the
	o the City Clerk's website <u>www.c</u> he City-County Building, Madison,	法国人 网络大大鸡 网络红色 化二氯 化二氯化二氯	<u>clerk/index.html</u> or go to the Clerk's Office at ion.)
Date <u>Ma</u>	y <i>He, 2006</i> Signatu	re	Joan Diein
	/ Print Na	ame	V Joan Diers

	Date: 516-06
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print  Agenda No.	PLEASE PRINT CLEARLY  Name Will Mague  Address 760 Cangdon St F15
(If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next of	nization or a person other than yourself:  \[ Yes \] No t 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	

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?
	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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	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 5	16-06 Signature Will non- Print Name Suil Magne

Date:	6 Mg	106	
44 (Bath)	<ul> <li>J. M. A. H. M. M.</li> </ul>	/	F1 5 [17]

Registrati	on Statement -	Common Council
		COMMITTEE
Please Print		PLEASE PRINT CLEARLY
		Name M. He Consulary
Agenda No		Name /1 , Ke S. goodman  Address 540 w. Volin Ave,
Cick		그는 지수는 하는 것을 살아들는 것은 다른다고 있다는 사람들이 얼마나 되었다면 하다면 살아 하는 것이다.
		Madison WI
Please check the appr	opriate boxes:	
Support		and Wish to speak
Oppose		Do not wish to speak
	pport Nor Oppos	• Available to answer questions
	즐겁하다 얼마나 모든 얼마를 했다.	
(If you answered "no	ou representing an orga," <b>STOP;</b> you need no and go on to the next o	t complete the rest of this form. If you answered "yes," provide the name
Name, address and te	lephone number of eac	h person or organization you are representing:
		$\Lambda I A$
Are you being paid for	or your representation?	☐ Yes ☐ No
(If you answered "no	part of your other paid," STOP; you need no	d duties for this person or organization?
question)		
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items	3 minutes
화되는 경기를 하는 하는 것이 되었다.		

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?
	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)
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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:	
		CITY OF MAD	DISON			
Registra	tion Statement -	Common C	ouncil			를 통해 하를 당하는 하다. 동안보시아 10명 기를 보았다.
		COMMITTEE				
Please Print		PLEASE P			<b>/</b> 24	
0	$ \sqrt{} $	Name	But	Adren	, GOFA Juleus	ran
Agenda No		Address	6	102 G	)ueeus	, Way
					537	776 U
Please check the app	propriate boxes:					
Support			and	Wish to sp		
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	guppor-	+ this	Ordi	inanc	ی	
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Are you being paid	for your representation?				Yes	No
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Speaking Limits:	Public Hearing (Con Information Hearing Other Items		19.5			

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	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)
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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 5 -	
	Print Name Basha Gokwan