Date: 1,2 -07

Registration Statement	Common Council
	COMMITTEE
Please Print 0459	PLEASE PRINT CLEARLY
Agenda No5	Name LOBELT POULLE
	Address 6002 franchistor 1
	Padion.
Please check the appropriate boxes:	
⊠ Support	and □ Wish to speak (□ N==□□□
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	complete the rest of this form. If you answered "yes," provide the name sestion)
Name, address and telephone number of each	
(Jorenes Hown	(BESHX()
Are you being paid for your representation?	∑ Yes No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No complete the rest of this form If you answered "yes," go on to the next
Information Hearing	mon 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, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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?
Room 103 of i	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 $1 - 2$	Signature Droft Clar
	Print Name 2552T 101011

	Date: <u>JAN 2 2357</u>
	CITY OF MADISON
Registration Statement	Common Council
Please Print 04597 Agenda No. 5	PLEASE PRINT CLEARLY Name Mark Vos berg Address Sog Pine St
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	and
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 quantity.	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 (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

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 nmental body?
	wered "yes" to the question, STOP. 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)
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Date	Signature
	Print Name

Date:	JAN	-200	6	

Registration Statem	nent - Common Council
Please Print 0459	PLEASE PRINT CLEARLY
	Name Ed Barks Address 16/0 6/1500 St
Agenda No	Address 16/0 6/500 5
	MADISON WIT
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	g an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name the next question)
Name, address and telephone numb	er of each person or organization you are representing:
Are you being paid for your represe	entation? Yes No
	ther paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the next
	ing (Common Council)5 minutes Hearing

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Date	Signature
	Print Name

Date: 1/2/07

Please Print O 4597 Please Print CLEARLY Name Mrs. BttRB Thomas Address HS SttRHAR ME Maddress Mo SttRHAR ME Maddress Mo No twish to speak Do not wish to speak Available to answer questions At this meeting are you representing an organization or a person other than yourself: Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question) Are you being paid for your representation? Yes No (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question) Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes A minutes Other liens 3 minutes	Registra	tion Statement -	Common Council
Agenda No. Support Address HBB SHRKDR ANE. MACLISON, WF 5371C.	Please Print	04597	
Address Address Shakkon Alt			PLEASE PRINT CLEARLY
Address Address			Name Mrs. BARB Thomas
Please check the appropriate boxes: Support	Agenda No		Address 4826 STARKER AVE.
Please check the appropriate boxes: Support			MAdison, WI 53716
Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the 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? 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)	Please check the app	propriate boxes:	
Oppose	⊠ Support		and Wish to speak
At this meeting are you representing an organization or a person other than yourself: Yes	<i>→</i>		
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	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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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Date	Signature
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Registration Sta		on Council
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Please Print 045	<u> </u>	EASE PRINT CLEARLY
	Na	me RAQUEL C KAMPTER dress 702 Cherry wood drt#3 Madison W= 53714
Agenda No. 5	Ad	dress 702 Cherry wood drt#
		Madison W= 53714
Please check the appropriate be		
Support		and Wish to speak
Support Oppose		Do not wish to speak
Neither Support I	Nor Oppose	Available to answer questions
At this meeting are you represe (If you answered "no," STOP, of who you represent and go or	you need not complete to	a person other than yourself: Yes No he rest of this form If you answered "yes," provide the name
Name, address and telephone r	number of each person or	organization you are representing:
Manuela +	Rodolfo	RAMOS
1505 Beld		
Madison		
Are you being paid for your re		☐ Yes 🗵 No
Are you appearing as part of you (If you answered "no," STOP, question)	our other paid duties for to you need not complete to	his person or organization? Yes No he rest of this form. If you answered "yes," go on to the next
Informa	Hearing (Common Counc ation Hearing tems	3 minutes

Are you an eleother government		oyee who is appear	ing solely on behalf of your office or for your municipality or Yes No
			ed not complete the rest of this form, except that you must sign to the next question.)
If you are bei that:	ng paid for your repi	esentation, or if yo	our appearance is part of other paid duties, please be advised
1.	Before you engage with the City Clerk		obyist, you or your principal must file an authorization
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	the City Clerk's w he City-County Build		nadison.com/clerk/index.html or go to the Clerk's Office at ore information.)
Date $\sqrt{-3}$	2-07	Signature	Raguel C Kampfer
		Print Name	RAQUEL C KAMPFER

Date: Jun 407

Registration Statement -		
	클릭 COMMITTEE 기본 (스타일 시트로) 등 보고 보고 하게 되는 것 같아. 그는 그 같아 하는 것 같아. 그는 것 같아. 그는 것 같아. 등 기를 보고 있는 것 같은 것들은 것을 하는 것을 만든 것을 보고 있는 것 같아. 그는 것 같아.	
Please Print 04597		
	PLEASE PRINT CLEARLY	
	Name lavalir yill	
Agenda No. 5	Address 512 Pine St	
	Masison W. 57715	
Please check the appropriate boxes:		
Support	and	
Oppose	Do not wish to speak	
Neither Support Nor Oppo	Se Available to answer questions	
At this mosting are you representing an are	anization or a person other than yourself: Yes No	
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question)		
Speaking Limits: Public Hearing (Con	mmon Council) 5 minutes	
Information Hearin	g 3 minutes	
Other Items	3 minutes	

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Date 1/2	107 Signature 200		
	Print Name Oura Eight		
	한번 부모되었다고 있다. 선생님은 문제 기업적인 시아 상생들의 학생님의 원문학의 원명을 위한 원생일 사회에 있다. 선생님의		

Date: 1-2-07

Registration Statement	Common Council COMMITTEE
Please Print 04597	PLEASE PRINT CLEARLY
	Name (hv.5) ne Hrenak
Agenda No.	Name Christine Hrenak Address 1829 Baird St
Please check the appropriate boxes:	다른 사람들이 많은 사람들이 하는 사람들이 됐습니다. 하는 사람들이 되었다.
Support Oppose Neither Support Nor Oppose	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
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	mon Council) 5 minutes 3 minutes
Other Items	

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Date	2-07 Signature
	Print Name Chroting Hrenak