

Date: 3-20-07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

04882

Agenda No.

7 Union Corner  
PUD

PLEASE PRINT CLEARLY

Name

Rosemary Lee

Address

111 W. WILSON ST 4108  
MADISON WI 53703

Please check the appropriate boxes:



Support

Oppose

Neither Support Nor Oppose

and

Wish to speak

Do not wish to speak

Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question)

Name, address and telephone number of each person or organization you are representing:

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Are you being paid for your representation?

Yes  No

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

Yes  No

(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

(SEE BACK)

## REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  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 [www.cityofmadison.com/clerk/index.html](http://www.cityofmadison.com/clerk/index.html) or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 3/20/07

**CITY OF MADISON**

**Registration Statement - Common Council**  
COMMITTEE

Please Print

*04882*

Agenda No. 7

**PLEASE PRINT CLEARLY**

Name

*LANCE MCGRATH*

Address

*103 N. Hamilton St*

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 organization or a person other than yourself:  Yes  No  
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 3/20/07

**CITY OF MADISON**

**Registration Statement - Common Council**  
COMMITTEE

Please Print

04882

Agenda No. 7 + 8

Union Corners Land Use

**PLEASE PRINT CLEARLY**

Name

Address

Bill White  
2708 Lakeland Ave  
Madison

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 organization or a person other than yourself:  Yes  No  
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

McGrath Associates

255-4957

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

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Information Hearing 3 minutes  
Other Items 3 minutes

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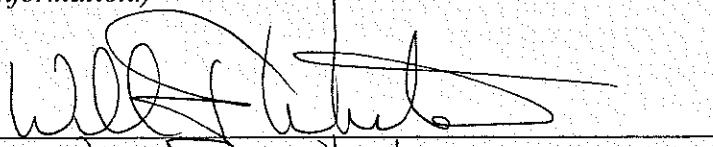
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Date 3/20/07

Signature 

Print Name Wm F. White