

Date: 04/17/2007

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. 14

Name Phillips, Cindy Jr.  
Address 211 Campbell St.  
Madison WI 53711

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:

Chenrezig Fund Inc.  
Wisconsin Tibetan Resettlement Project - Madison

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name SINGRAB LHATSANG  
Address 5009 HOLIDAY DR  
MADISON WI 53711

Agenda No. 14

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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(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:

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Information Hearing	3 minutes
Other Items	3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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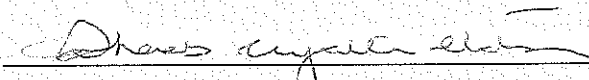
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Date 4/17/07

Signature   
Print Name SEREAS LHAISANG

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

**06052**

PLEASE PRINT CLEARLY

Name Pema Gyurme  
Address 433 East Bluff  
MADISON, WI, 53704

Agenda No. 14

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

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(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 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.)

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(SEE BACK)

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Date 4/17/07

Signature 

Print Name Pema Gyurme

Date: 4-17-07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

**06052**

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Agenda No. <u>14</u>
----------------------

Name

Chung Tseng

Address

6644 Offshore Dr  
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**

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:

Wiscon Union Association - 833-9217

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**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

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**06052**

PLEASE PRINT CLEARLY

Agenda No. 14

Name Hilary Edwards  
Address 1217 Gilson St., Apt. 5  
Madison, WI 53715

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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06052

PLEASE PRINT CLEARLY

Name

Lobsang Tenzin

Address

1213 Meadow Sweet Dr.  
Madison, WI 53719

Agenda No. 14

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:

Are you being paid for your representation?  Yes  No

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Speaking Limits:

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Other Items.....	3 minutes

(SEE BACK)

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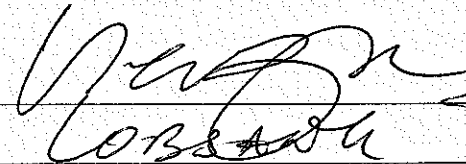
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Date 4/17/07 Signature   
Print Name COBEN LINDEN

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name Khando

Address 433 East Bluff  
MADISON, WI 53704

Agenda No. 14

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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Public Hearing (Common Council)	5 minutes
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REGISTRATION STATEMENT - PAGE 2

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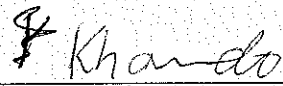
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Date 4/17/07

Signature   
Print Name Khando

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

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PLEASE PRINT CLEARLY

Agenda No. 14

Name GHUDELABRANG DORJEE GYALSEN  
Address 810 SKY RIDGE DRIVE

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
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At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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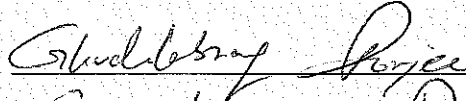
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Date 04/17/07

Signature   
Print Name GHUDELARRANG DORJEE GYALTSEN



Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

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Agenda No. 14

PLEASE PRINT CLEARLY

Name Tsering Dhowdup  
Address 548 Kately Ter  
Madison, WI 53711

Please check the appropriate boxes:

- Support** *THANK*
- Oppose**
- Neither Support Nor Oppose**

- and
- Wish to speak
  - Do not wish to speak
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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:  
TSERING DHOWDUP  
SANTRI J. TSERING  
L.T. Jangchub Amba

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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Other Items ..... 3 minutes

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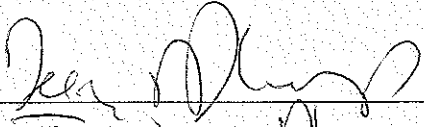
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Date 4/17/07

Signature   
Print Name Terene Brundage

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
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Name Trening Madon

Address 60 LAKEWOOD GARDENS  
MADISON, WI 53704

Agenda No. 14

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- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
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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

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

Date: 4/17/07

CITY OF MADISON

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COMMITTEE

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Agenda No. 14

Name JIGME CHANGRA  
Address 6644 offshore dr  
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

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Signature \_\_\_\_\_

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

Date: 4-17-07

CITY OF MADISON

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COMMITTEE

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Agenda No. 14

Name Sonam Dolkar  
Address 6644 Offshore Dr

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

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Other Items ..... 3 minutes

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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.)*

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 4/17/02

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name C HOMPHEZ KHANLSARSHOEY

Address 5501 DAHLEN DR.

MADISON, WI 53705

Agenda No. <u>14</u>
----------------------

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

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Date 4/17/07

Signature Chomphel

Print Name CHOMPHEL KHANGSARSHOEY

Date: 04/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Agenda No. <u>14</u>
----------------------

Name TENZIN KHANGSARSHOEY  
 Address 5501 Dahlen Drive  
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

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

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Date 4/17/07

Signature 

Print Name TENZIN KHANGSARSHOEY

Date: 4/17/07.

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print 06052

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Agenda No. 14

Name Chhangle Ruit.  
Address 15 Banner cir.  
Madison, W.T-53718

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

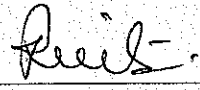
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Date 4/17/07

Signature 

Print Name Chantel Reil

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. 14

Name Lobsang Tseten  
Address 15 Banner Cir  
Madison, WI 53718

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date 4/17/07 Signature Lobsang Tseten  
Print Name Lobsang Tseten



Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print **06052**

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Agenda No. 14

Name Rhonda Seering  
Address 5721 Rosslake Ln.  
Madison WI 53711

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

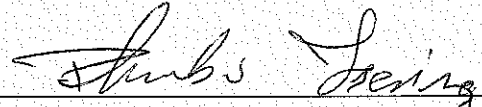
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Date 4/12/07

Signature 

Print Name PHURBU TSERING

Date: 4/17/07 <sup>2</sup>

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print 06052

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Agenda No. 14

Name Namqual K Changra  
Address 6644 offshore dr.  
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

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date \_\_\_\_\_

Signature

Print Name

*Margaret*

*Margaret Cheryl*

Date: 4-17-07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Agenda No. 14

Name TENZIN NGADON  
Address 5721 ROSSLARE LN.  
FITCHBURG, WI - 53711

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date 4-17-07

Signature Tenzin Ngedon  
Print Name TENZIN NGEDON

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. 14

Name Tenzin Choedon  
Address 3602 packers Ave Apt #104  
Madison W.I 53704

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:  
Wiscon Tibetan Association - 249-9644

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. 14

Name Purub Sangha  
Address 4706 Eisenhower St  
Oregon WI 53575

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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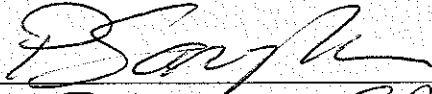
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Date 4/17/07

Signature   
Print Name PHURBU SANGHA

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print 06052

Agenda No. 14

PLEASE PRINT CLEARLY

Name Hesong Wang  
Address 1213 Meadow Sweet Dr.  
Madison, WI 53719

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  
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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 duties for this person or organization?  Yes  No  
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Speaking Limits:

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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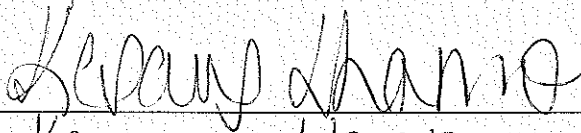
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Date 4/17/07

Signature   
Print Name Kesang Lhamo

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

**06052**

PLEASE PRINT CLEARLY

Name Phurbu Sangmo

Address 4806 Odansa Rd.,  
Madison, WI 53711

Agenda No. 14

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date 4/17/07

Signature BANAMO  
Print Name Phurbu Sangma

Date: 4-17-07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name DICKEY CHOZOM  
Address 1313 Temkin Ave #8  
Madison WI 53705

Agenda No. 14

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

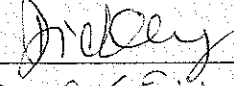
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- 3 If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

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Date 4-17-07

Signature   
Print Name DICKY CHOZOM



Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Agenda No. 14

Name Nyima Lhamo  
Address 4524 Commercial Ave  
Madison W.I 530711

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:

Wiscon Tibetan Association - 242-7198

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print 06052

PLEASE PRINT CLEARLY

Name Tsering  
Address 4524 Commerical Ave  
Madison W.I 530711

Agenda No. 14

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:  
Wiscon Tibetan Association - 242-7198

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name Keyzom Chambo

Address \_\_\_\_\_

Agenda No. 14

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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(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

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Date 4/17/07

Signature Keyzom Umamo

Print Name Keyzom Umamo

Date: 04/17

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name GHUDELABRANG MINGMAR TSERING

Address 810 SKY RIDGE DRIVE

Agenda No. 14

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  
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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 duties for this person or organization?  Yes  No  
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Speaking Limits:

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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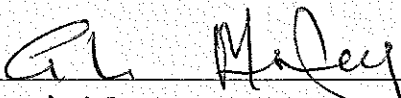
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Date 04/17/07

Signature   
Print Name Mingmaria A. Hudelabrang



Date: 04/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

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Agenda No. 14

Name ISERING GUNDELARANG  
Address 810 SKY RIDGE DRIVE  
MADISON, WI 53719

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date 04/17/07

Signature Terry L.  
Print Name TERRIN G. GUDELARANS

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

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Name Lhago Mappa

Address 2418 Whitlock Rd.

Agenda No. <u>14</u>
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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

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Date 4/17/07

Signature 

Print Name LEAGA MARPA

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

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Agenda No. 14

Name NGAWANG CHOJOR  
Address 5134 HAZELCREST DR  
MADISON WI 53704

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

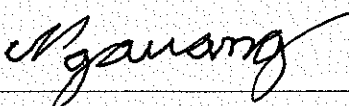
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Date 4/17/07

Signature   
Print Name NGAWANG CHOJOEL

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>14</u>
----------------------

Name Yengzon Kypse  
 Address 2933 Richardson St  
Fitchburg WI 53711

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:

---



---



---

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

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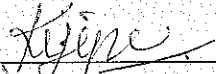
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Date 4/17/07

Signature   
Print Name Jangzom Kyese



Date: 4-17-2007

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print 06052

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Agenda No. 14

Name SONAM PALMO  
Address 4228 WARWICK WAY  
MADISON, WI, 53711

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date 4/17/07

Signature S. Palmo

Print Name BONAM PALMO

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Agenda No. \_\_\_\_\_

Name NORBU C. KHARITSANG  
Address 4228 WARWICK WAY  
MADISON - 53711

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:

Wisconsin Tibetan Association

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

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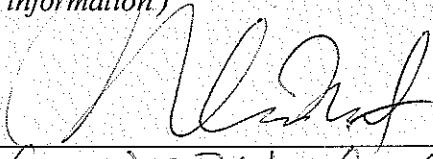
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Date 4/17/07

Signature   
Print Name (608) 274-6154

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name

Rigden

Address

7814 Twinflowe Dr  
Madison WI 53719

Agenda No. 14

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  
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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 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

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Date 4/17/07

Signature *Bigden*  
Print Name Bigden

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print 06052

PLEASE PRINT CLEARLY

Agenda No. 14

Name Tenzin Dasala  
Address 7814 Twin Flower Dr  
Madison WI, 53719

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.)*

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Date 4/17/07

Signature Dasala

Print Name Dasala



Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

**06052**

PLEASE PRINT CLEARLY

Name Nangyal Tsering  
Address 7814 Twin Flower Dr  
Madison, WI 53719

Agenda No. 14

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

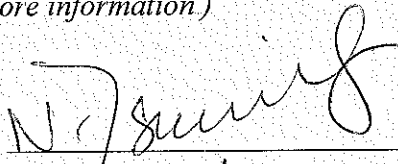
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date 4/17/07 Signature   
Print Name 4/17/07 Namgyal Tsering

Date: 4/17/2007

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. 64

Name SHAWO TASHI
Address 1942 DOND ST
MADISON, WI 53704

Please check the appropriate boxes:

- Support
Oppose
Neither Support Nor Oppose

- 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:

Blank lines for name, address, and telephone number.

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.)*

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Date 4/17/07

Signature SHAWO TASHI

Print Name SHAWO TASHI

Date: 4-17-2007

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print 06052

PLEASE PRINT CLEARLY

Agenda No. 14

Name DECHEN CHODON TASHI

Address 359 MILLER ST

SUN PRAIRIE, WI 53590

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

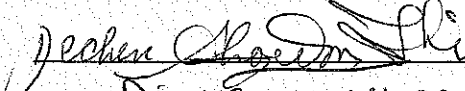
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Date 4/17/07

Signature   
Print Name DECHEN CHOEDON TASHI

Date: 04-17-07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name TENZIN THONKOR

Address 6413 WOODINGTON WAY  
MADISON WI 53711

Agenda No. 14

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date 04-17-07

Signature Tenzin Thonkar

Print Name TENZIN THONKAR



Date: 4-17-2007

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print 06052

PLEASE PRINT CLEARLY

Name TSERING YANGCHEN

Address 359 MILLER STREET

SUN PRAIRIE, WI 53590

Agenda No. 14

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

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Date 4/17/07 Signature   
Print Name TSERING YANGCHEN

Date: 4-17-2007

**CITY OF MADISON**

**Registration Statement - Common Council**

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name

SONAM TSERING

Address

359 MILLER ST.

SUN PRAIRIE, WI 53590

Agenda No. 14

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  
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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 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.)*

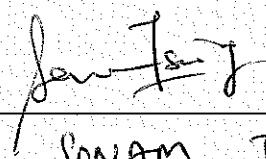
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Date 4/17/07

Signature



Print Name

SONAM TSERING

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

06052

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 14

Name PEMA TSEWANG  
Address 14 PARK CREST CT  
MADISON WI 53711

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 2/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print 06052

PLEASE PRINT CLEARLY

Agenda No. 14

Name DECHEN WANGMO

Address 14 PARK CREST CT

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name TASHI BALETI  
Address 14 PARK CREST CT  
MADISON

Agenda No. 14

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: \_\_\_\_\_

**CITY OF MADISON**

**Registration Statement - Common Council**

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name SANDEEP LAMA  
Address 6921 RAYMOND RD  
MADISON, WI 53719

Agenda No. 14

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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Speaking Limits:

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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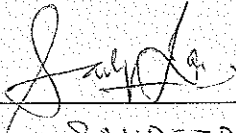
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Date 04/17/07

Signature   
Print Name SANDEEP LAMA

Date: \_\_\_\_\_

**CITY OF MADISON**

**Registration Statement - Common Council**

COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>14</u>
----------------------

Name Lobsang Yangphel  
 Address 110 east Dayton Apt 32  
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  
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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

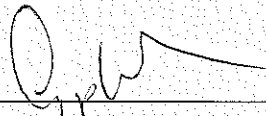
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Date 04/11/07

Signature 

Print Name Lobcang Yamphe

Date: 4-17-07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name Migmar Chung Ky  
Address 5134 HAZELCREST DR  
MADISON, WI 53704

Agenda No. 14

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.)*

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Date 4-17-07

Signature



Print Name

Mignar Chungkyi



Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print 06052

PLEASE PRINT CLEARLY

Agenda No. 14

Name GENERAL KASARDA  
Address 5134 HAZECREST DR  
MADISON WI 53704

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

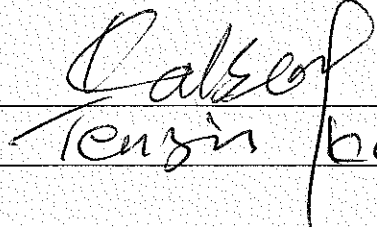
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Date 4/17/07

Signature   
Print Name Tenzin Balseng

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name Tenzin Thamo

Address 210 Wolf Street

Madison, WI 53717

Agenda No. <u>14</u>
----------------------

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:

---



---



---

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

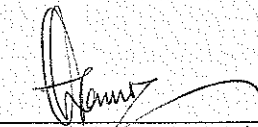
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Date 04/17/2007

Signature   
Print Name Tenzin Thamo

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print 06052

Agenda No. 1A

PLEASE PRINT CLEARLY

Name Debyi Dhandup  
Address 4829 Sheboygan Ave, Apt #119  
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

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

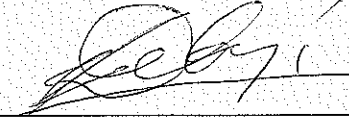
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Date 4/17/07 Signature   
Print Name DEKHI TENZIN DHONDUP

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name TSERINGA C KINDY

Address 211 Campbell St  
Madison WI 53711

Agenda No. 14

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

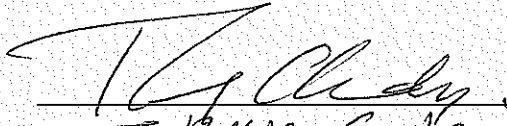
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Date 4/17/07

Signature 

Print Name TERINA C KINDY



Date: 4-17-07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Agenda No. 14

Name TSERING NAMGHAL  
Address 5134 HAZELCREST DR.  
MADISON, WI 53704

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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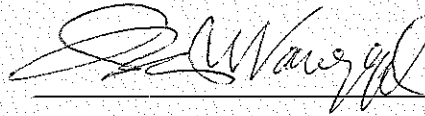
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Date 4-17-07

Signature



Print Name

TSERING NAMGYAL

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. 14

Name Dolma Tsering  
Address 6202 WESTIN DR  
MADISON, WI, 53719

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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(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

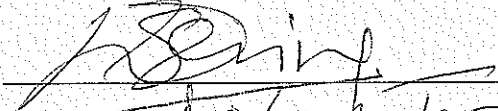
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Date 4/17/07

Signature   
Print Name DOLMA ISERING

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Agenda No. 14

Name TERRY G Youdon  
Address 4221 Brownlyn  
MADISON, WI, 53704

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  
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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 duties for this person or organization?  Yes  No  
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Speaking Limits:

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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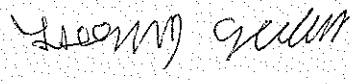
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Date 4/17/07

Signature 

Print Name TSERING YONDON

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name SOMAM DOLMA  
Address 6202 WESTIN DR  
MADISON, WI, 53719

Agenda No. 14

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  
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\_\_\_\_\_  
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Speaking Limits:

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 4/17/07

Signature Soram Dolma  
Print Name Soram Dolma



Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name Teuzin Chuoyi  
Address 122 B Artisan dr  
Madison WI 53704

Agenda No. 14

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  
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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 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

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Date 4/17/07

Signature Tenzin Chonyi  
Print Name Tenzin Chonyi

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name Tenzin Dawa  
Address 1226 Artisan Dr  
Madison, WI - 53704

Agenda No. 14

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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Speaking Limits:

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

(SEE BACK)

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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

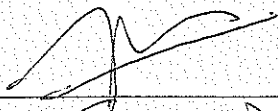
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Date 4/17/07

Signature   
Print Name Tenzin Dawa

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name Tenzing Chakhen

Address 2418 whitlock rd

Agenda No. 14

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.)

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Date 4-17-07

Signature Tenzing Chalden

Print Name TENZING CHALDEN

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

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Name SONAM MARPA

Address 2418 Whitlock Rd.

Madison WI - 53719

Agenda No. 14

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date 4-17-07

Signature 

Print Name SONAM MARPA



Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name

Tenym Namgyal

Address

3248 Darchester way  
Madison 53719

Agenda No. 1A

Please check the appropriate boxes:

- Support (checked)
Oppose
Neither Support Nor Oppose

- and
Wish to speak
Do not wish to speak (checked)
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:

Are you being paid for your representation? Yes No (checked)

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

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Date \_\_\_\_\_

Signature

*Chemi*

Print Name

TENZIN NAMGYAL

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

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Agenda No. <u>14</u>
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Name Ngawan chadon  
 Address 3248 Darchester way  
Madison WI 53719

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

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Date 4/17/07

Signature Namgyal Dolma  
Print Name NAMGYAL DOLMA

Date: 4/17/08

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

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06052

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Agenda No. 14

Name Namgyal Laha  
Address 3248 Sarchester Way  
Madison WI 53719

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date \_\_\_\_\_

Signature

Namgyal Dolma

Print Name

NAMGYAL DOLMA

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

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Name CARMA S. SANBHU

Address 4706 BISONHOWER ST.  
OREGON, WI.

Agenda No. 14

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

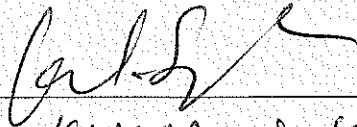
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Date 4/17/08

Signature   
Print Name CANDACE S. STANGOR



Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name

Kalsang Dolker Gyaltzen

Address

5006 Lacrosse Ln  
Madison WI 53705

Agenda No. 14

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  
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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

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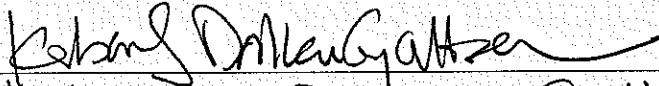
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Date 4/17/07

Signature   
Print Name Kalsang Dolker Gyaltzen

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Agenda No. 14

Name Becwang Namgyal

Address 113 Lakewood Garden

Madison, WI-53704

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

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Date 4/17/07

Signature 

Print Name Tsewang Namgyal

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

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Agenda No. 14

Name TSEWANG DOLKAR  
Address 6202 WESTIN DR  
MADISON, WI, 53719

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  
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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

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Date 4/17/07 Signature Tsewang Dolkar  
Print Name TSEWANG DOLKAR

Date: 04/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name TSERING BHUTI

Address 3248 DORCHESTER WAY  
MADISON WI 53719

Agenda No. 14

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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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

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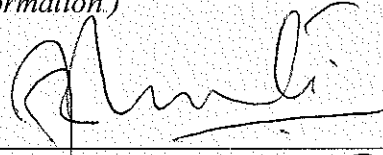
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Date 04/17/07

Signature



Print Name

Tsering Bhutia



Date: 17 April 2007

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name

Thomas Boman

Address

626 Langdon St., 204  
Madison, WI 53703

Agenda No. 14

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  
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Information Hearing..... 3 minutes  
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date 17 April 2007 Signature   
Print Name Thomas Boman

Date: \_\_\_\_\_

**CITY OF MADISON**

**Registration Statement - Common Council**

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name

SHUKDOL, TASHI

Address

810 GANNON RVD.

MADISON, WISCONSIN

Agenda No. 14

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

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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

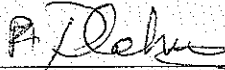
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3. If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?

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Date 4/17/07

Signature 

Print Name DHURY GOLMA

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. 14

Name UGEN, DORSEY  
Address 118 LAKEWOOD GARDEN  
MADISON WI

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.)

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Date 4/12/07

Signature 

Print Name UGON DORJOO

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Agenda No. 14

Name TSETAN DOLKAR  
Address 5721 ROSSLARE LN  
FITCHBURG WI 53711

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date 4/17/07

Signature Tsetan Dolkar

Print Name TSETAN DOLKAR



Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. 14

Name Losang Sops  
Address 2 Georgetown Ct  
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

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

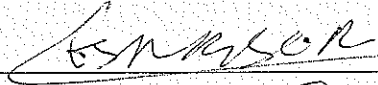
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Date 4/17/07

Signature   
Print Name Losang Sops

Date: 04/17/09

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Agenda No. 14

Name Yanshen Song  
Address 2 Georgetown Ct  
Madison, WI 53709

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

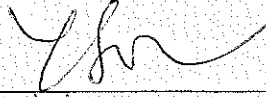
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Date 09/04/17/07

Signature   
Print Name Yangchen Soja

Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. 14

Name Sangay Sangha  
Address 623 Hercules Trail  
Madison, WI - 53718

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

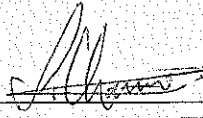
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Date 4/7/07

Signature   
Print Name SANGAY SANGHA

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>14</u>
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Name THURDEN SANGHA  
 Address 4706 EISENHOWER ST.  
OREGON - W2 53571-

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

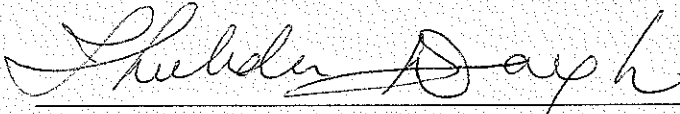
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Date 4/18/07

Signature 

Print Name SHeldon DAPH



Date: 4/18/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. 14

Name Tennin Yangdon  
Address 623 Mercedes trail  
Madison, WI 53718

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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


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Date 4/17/07

Signature   
Print Name Martin Yangdon

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name Kalsang Chodon  
Address 3018 Shefford Dr  
Madison WI 53719

Agenda No. 14

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:

Kalsang Chodon (608) 848-3435

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

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Date 4/17/07

Signature 

Print Name Kalsang Chodon

Date: 04/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Agenda No. <u>14</u>
----------------------

Name Kelsay Tsering  
 Address 3018 Shifford Dr  
Madison WI 53719

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:

Kelsay Tsering (608) 818 3435

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

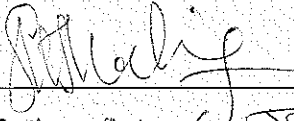
Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

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Date 04/17/07 Signature   
Print Name KALSANG TSERING

Date: \_\_\_\_\_

**CITY OF MADISON**

**Registration Statement - Common Council**

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name

Pema Chardon

Address

2 Westwynn Ct.

Madison, WI 53704

Agenda No.

14

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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



Date: 4/17/07

CITY OF MADISON

Registration Statement - Common Council  
COMMITTEE

Please Print 06052

PLEASE PRINT CLEARLY

Agenda No. 14

Name Jelka  
Address 290 Wolf St  
Madison (WI)

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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*(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: 9/17/07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. 14 Sup

Name Wangdre Lomuo  
Address 5010 Estee drive  
Madison (WI)

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:

~~STOP~~

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:

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: April 17, 2007

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

06052

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u>14</u>
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Name ABIGAIL SCOTT  
 Address 801 MINAKWA DRIVE  
MADISON, WI 53711

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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Date: 4-17-07

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

06052

PLEASE PRINT CLEARLY

Name TSERING LHAMO

Address 1205 BULTMAN RD

MADISON WI 53704

Agenda No. <u>14</u>
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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

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Date \_\_\_\_\_

Signature \_\_\_\_\_

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