00418

Date: 2-1-205

City of Madison Registration Statement - Common Council

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Agenda No. 7	Name Deloka Newton Address 28/0 Choss Roads Dl #1900L
	Madison Lui 53718
Please check the appropriate boxes:	
☐ Support ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions	Oppose Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," STOP; you need question)	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," go on to the next
Small Alowh Ma	ach person or organization you are representing:
28 to ClossRoads DR	the state of the s
Madison Wi 53718	
Are you being paid for your representation	ı? ☐ Yes ☐ No
Are you appearing as part of your other pa (If you answered "no," STOP ; you need r question)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing Information Hearin Other Items	

Are you an o	elected official who is appearing solely on behalf of your office or for your municipality or other body?
(If you answe this form If y	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, do you understand
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
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3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
(If you answe Office at Roo	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date <u></u>	1-2005 Signature Wellow Newton

Date: 2/1/65

City of Madison Registration Statement - Common Council

Please Print					
Agenda No.		Name Address	Vicky Si 2218 u Madiso	elkow Dinnebo O,WI	e 90 St. 53704
Please check the appr	opriate boxes:				
	peak ish to speak to answer questions			speak rish to speak e to answer que	stions
At this meeting are yo (If you answered "no question)	ou representing an organiza "STOP; you need not con	tion or a pers nplete the res	on other than yourself t of this form. If you a	: ZYes inswered "yes,"	☐ No " go on to the next
	ephone number of each pe				
PROE	RESSIVE	DANE	ECONOMI	C DEVE	ELOPMENT
		TASK			
12	2 State St		AD 5370	3	
Are you being paid fo	r your representation?			Yes	[]LNo
Are you appearing as (If you answered "no, question)	part of your other paid duti "STOP; you need not con	es for this per uplete the res	son or organization? of this form. If you a	☐ Yes nswered "yes,"	XNo gb on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	ent till togenskramisk	5 minutes		

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
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Date	Signature
	Print Name

Date: Feb 2005

City of Madison Registration Statement - Common Council

#78),22V	Name Michael D Parrett	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agenda No.	16 PUX	Address 2/3+ Sommers the	
		Madison W1 53704	: :
Please check the app	propriate boxes:		
Support		Oppose	
Wish to	speak	☐ Wish to speak	
	wish to speak	☐ Do not wish to speak	
	le to answer questions	Available to answer questions	
question)			
	elephone number of each per	rson or organization you are representing:	
	elephone number of each per	rson or organization you are representing:	
Name, address and t	elephone number of each per	rson or organization you are representing:	
Name, address and to	or your representation?	☐ Yes ☐ No	
Name, address and to Are you being paid for the your appearing as	or your representation? s part of your other paid duti	☐ Yes ☐ No	
Are you being paid f Are you appearing as (If you answered "no question.)	For your representation? Is part of your other paid dution, "STOP; you need not come	☐ Yes ☐ No es for this person or organization? ☐ Yes ☐ No uplete the rest of this form. If you answered "yes," go on to the nex	
Name, address and to Are you being paid for the you appearing as a lift you answered "no	or your representation? s part of your other paid duti	☐ Yes ☐ No es for this person or organization? ☐ Yes ☐ No uplete the rest of this form. If you answered "yes," go on to the nex 5 minutes	

Are you an egovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?
	red "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
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Date	Signature
	Print Name

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Date:	\sim \prime $-$		7 /
25000.			

Please Print			
Agenda No. Please check the app	oropriate hoxes:	Name Claudia Bes Address 4717 Solve	enbour 1RD 53704
Support Wish to Do not y Availab At this meeting are y (If you answered "n question)	speak wish to speak le to answer questions you representing an organize o, "STOP; you need not co	Oppose Wish to speak Do not wish to sp Available to answ ion or a person other than yourself: uplete the rest of this form. If you answered son or organization you are representing:	ver questions
Are you being paid f	or your representation?] Yes 🔲 No
Are you appearing as (If you answered "no question.)	s part of your other paid dut o, " STOP; you need not con	es for this person or organization? plete the rest of this form. If you answered	Yes No '' 'yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes	

Are you an e	elected official who is appearing solely on behalf of your office or for your municipality or other body?
(If you answe this form If y	red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
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Date	Signature
	Print Name

Date: Feb 1, 2005

City of Madison Registration Statement - Common Council

Please Print		
Agenda No.	1(?)	Name Michael Neuman Address 4334 Watte Grale Madison, W
Please check the app	ropriate boxes:	
	speak vish to speak e to answer questions	☐ Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
(If you answered "no question)	o," STOP; you need not co	tion or a person other than yourself: Yes No nplete the rest of this form. If you answered "yes," go on to the nex is son or organization you are representing:
Are you being paid fo	or your representation?	☐ Yes ☐ No
Are you appearing as (If you answered "no question)	part of your other paid dut b," STOP; you need not con	es for this person or organization? Yes No nplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes

Are you an government	n elected official who is appearing solely on behalf of your outal body?	ffice or for your municipality or other Yes No
	wered "yes" to the question, STOP. You need not complete the refyou answered "no" to the question, go on to the next question.)	st of this form, except that you must sign
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1	Before you engage in lobbying as a lobbyist, you or your priwith the City Clerk?	ncipal must file an authorization Yes No
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3	If your principal spends or will owe more than \$500 for lob period (calendar quarter), the principal must file expense stathe remaining quarters of the calendar year?	사람들이 그 사람들은 사람들이 나는 사람들이 가장 사람들이 되었다. 그런 사람들이 가입니다.
	wered "no" to any of the last three questions, please call the City oom 103 of the City-County Building, Madison, for more informat	可是一定要是 医多类性 医二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
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Date: $2 - 1 - CS$	Date: シー・イプン	Date: Symulo							

Please Print				
Agenda No.		Name BRIAN LAR Address 910 REGENT MADISOY	SON ST	
Please check the ap	propriate boxes:			
At this meeting are (If you answered "in question)	no," STOP; you need not con	Oppose Wish to speak Do not wish to Available to a tion or a person other than yourself: nplete the rest of this form. If you answer rson or organization you are representin	o speak inswer ques Yes ered "yes,'	-X-No-
Are you being paid	for your representation?		☐ Yes	□No
		es for this person or organization? applete the rest of this form. If you answe	Yes ered "yes,'	□ No ' go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items			

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, do you understand
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Date	Signature
	Print Name

Date: Feb 1, 2005

City of Madison Registration Statement - Common Council

Please Print	
Agenda No. #7	Name Daniel Sebald Address 1553 Adams St, #AB Madison, WI 53711
Please check the appropriate boxes:	
Support Wish to speak Do not wish to speak Available to answer question At this meeting are you representing an (If you answered "no," STOP; you need question)	Oppose Wish to speak Do not wish to speak Available to answer questions Organization or a person other than yourself: Yes No Not and not complete the rest of this form. If you answered "yes," go on to the next
Name, address and telephone number of	f each person or organization you are representing:
Are you being paid for your representati	ion?
Are you appearing as part of your other (If you answered "no," STOP; you need question.)	paid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
	5 minutes ring 5 minutes 3 minutes

Are you governm		ected official who is appearing solely on behalf of your office or for your municipality or other body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you ar that:	e bein	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
1		Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
2	The second second	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
3		If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
, -	The second second	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's 103 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date:	A	-01	-05	

Please Print			
Agenda No.	7 Box	Name Marsha Rummel Address 1618 Jonifer St Madison WI 53704	
Please check the app	propriate boxes:		
At this meeting are y (If you answered "n question)	vish to speak e to answer questions you representing an organiza o, "STOP; you need not con	Oppose Wish to speak Do not wish to speak Available to answer quest ation or a person other than yourself: Wes mplete the rest of this form. If you answered "yes," erson or organization you are representing:	⊠No
Are you being paid f	or your representation?	☐ Yes	□No
Are you appearing as (If you answered "no question)	s part of your other paid dution," STOP ; you need not con	ies for this person or organization? Yes nplete the rest of this form. If you answered "yes,"	□ No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes	

	Print Name
Date	Signature
	vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
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If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand
3 -	vered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?

Date: 126-2005

City of Madison Registration Statement - Common Council

Please Print		
Agenda No.	Big Box	Name Famela S-Barrett Address 2137 Sommers Ave Madison W1337H
Please check the ap	propriate boxes:	
At this meeting are (If you answered "r question)	wish to speak le to answer questions you representing an organiza to," STOP; you need not con	Oppose Wish to speak Do not wish to speak Available to answer questions The complete the rest of this form. If you answered "yes," go on to the nex are soon or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
		es for this person or organization? Yes No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes 5 minutes 3 minutes

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other Yes No
	ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are t that:	ing paid for your representation, or if your appearance is part of other paid duties, do you understand
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Date	Signature
	Print Name

Date: $\partial - I$	-05					
Date:	Z	<u>. 1. 177</u>	<u> </u>	7.4	. 1 B. 31	

Please Print		
Agenda No7	Big Box	Name Jessie Chmell Address 1141 Sherman Ave. Madison WI 53703
Please check the ap	propriate boxes:	
At this meeting are (If you answered "r question.)	wish to speak le to answer questions you representing an organiz to," STOP; you need not co	Oppose Wish to speak Do not wish to speak Available to answer questions The specific of the
Are you being paid	for your representation?	☐ Yes ☐ No
		ies for this person or organization?
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes 5 minutes 3 minutes

Are yo	And the second of the	lected official who is appearing solely on behalf of your office or for your municipality or other body?
	No. 1 Aug. 1985	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
If you a	are bei	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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Date _		Signature
		Print Name

Date:	2-	1-05	

You must register before the Council considers your item.

Please Print					
Agenda No. 7	Big Box	Name Ke	evin Colena		
Please check the app	ropriate boxes:				
At this meeting are you (If you answered "no question.)	speak ish to speak to answer questions ou representing an organization, "STOP; you need not com	ion or a person other plete the rest of this	form. If you answered	ver questions] Yes \(\overline{\sqrt{No}} \)	next
Are you being paid for	or your representation?] Yes 🔲 No	
	part of your other paid dutie," STOP; you need not comp			Yes No No l "yes," go on to the t	next
Speaking Limits:	Public Hearing Information Hearing	5 minute			

Other Items

Are you ar governmen	n elected official who is appearing solely on behalf tal body?	of your office or for your municipality or other Yes No
	wered "yes" to the question, STOP. You need not comp f you answered "no" to the question, go on to the next q	
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e e e e e e e e e e e e e e e e e e e	wered "no" to any of the last three questions, please co oom 103 of the City-County Building, Madison, for more	그리 그는 그는 그는 그들은 사람들이 가는 그 그들이 그리고 있다면 하는 것이 되었다. 그런 그는 그는 그를 그리고 있다면 그를 가는 것이다.
Date	Signature	
	Print Name	

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$_{\mathrm{Date:}}$		65	<u> </u>		

Please Print					
Agenda No. 004		Address _	504N WAG 0140 231 NOSIDAM	AVE	
Please check the appr	ropriate boxes:	STAIL ESTA	BLISHMELV7		
Available	peak ish to speak to answer questions		Oppose Wish to speal Do not wish to Available to a	to speak answer qu	
At this meeting are you (If you answered "no question)	ou representing an organi, "STOP; you need not c	zation or a person omplete the rest o	other than yourself: f this form. If you answ	∐ Yes ered "ye	No s," go on to the next
Name, address and te	lephone number of each p	person or organiza	tion you are representing	ıg:	
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Are you appearing as (If you answered "no, question.)	part of your other paid du " STOP; you need not co	ities for this perso complete the rest of	n or organization? this form If you answe	☐ Yes ered "yes	□ No ," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items		ninutes ninutes ninutes		

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name

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Date	 -1-05		
Date:	 1 2	1	

Please Print				
Agenda No.		Name KOSEMA Address III W WIL	LPY LEE SON ST #1	08
Availab	speak wish to speak le to answer questions		vish to speak le to answer questions	2
(If you answered "n question)	o," STOP; you need not co	mplete the rest of this form. If you erson or organization you are represented	answered "yes," go on to	the next
Are you being paid:	for your representation?		☐ Yes ☐ No	
		ies for this person or organization? mplete the rest of this form. If you		the next
Speaking Limits:	Public Hearing Information Hearing Other Items			

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
er war and a state of the state	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name

Date: 1 805

City of Madison Registration Statement - Common Council

Please Print		
Agenda No.	7	Name PAL O CEARY Address 1134 E. MIFFLIN ST MADISON S3703
Please check the ap	propriate boxes:	
At this meeting are (If you answered "iquestion)	wish to speak ble to answer questions you representing an organiz no," STOP; you need not co	☐ Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions ation or a person other than yourself: ☐ Yes ☐ No mplete the rest of this form. If you answered "yes," go on to the next erson or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
		ies for this person or organization?
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes

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Date	Signature
	Print Name

			2013/06/09	5 (5.3)
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Please Print				
Agenda No.	2	Name CHUYER Address 1541 Jeffe MADISON	1.10k5 or 15on) ∕∞.
Please check the ap	ppropriate boxes:			
At this meeting are (If you answered "question)	wish to speak ole to answer questions you representing an organiz no," STOP; you need not co	Oppose Wish to specific Do not wish to act with the description of a person other than yourself: Omplete the rest of this form. If you answerson or organization you are represented.	h to speak o answer que Yes swered "yes,	[\vec{No}
Are you being paid	for your representation?		☐ Yes	□No
		ties for this person or organization? mplete the rest of this form. If you ans		No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes		

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

Date: 1.1 2005

City of Madison Registration Statement - Common Council

Please Print		
Agenda No.	#7	Name Karin Sandrik Address 360 W Washington Avettsly Madison
Please check the ap	ppropriate boxes:	
At this meeting are (If you answered "iquestion)	wish to speak ble to answer questions you representing an organiz no," STOP; you need not co	☐ Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions zation or a person other than yourself: ☐ Yes ☐ No omplete the rest of this form. If you answered "yes," go on to the next person or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☑ No
Are you appearing a (If you answered "requestion)	as part of your other paid du no," STOP; you need not co	tties for this person or organization? Yes No omplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:		5 minutes 5 minutes 3 minutes

Are you an government		behalf of your office or for your municipality or other Yes No
and the state of t	vered "yes" to the question, STOP. You need no 'you answered "no" to the question, go on to the	t complete the rest of this form, except that you must sign enext question)
If you are be that:	peing paid for your representation, or if your ap	pearance is part of other paid duties, do you understand
1.	Before you engage in lobbying as a lobbyist with the City Clerk?	, you or your principal must file an authorization ☐ Yes ☐ No
2	Your principal is not permitted to authoriz with the City Clerk?	e you to lobby unless the principal is registered Yes No
3		than \$500 for lobbying services in any reporting tille expense statements with the City Clerk for Yes No
	vered "no" to any of the last three questions, ploom 103 of the City-County Building, Madison, f	ease call the City Clerk at 266-4601 or go to the Clerk's or more information.)
Date	Signature	
	Print Name	

Date: 2/11/05

City of Madison Registration Statement - Common Council

Please Print				
Agenda No. <u></u> 이어	15 (tlen#7)	Name Scott a Address 3328 Chi Madison,	Jar Gago Ave D. 53714	
Please check the appr	opriate boxes:			
At this meeting are yo	ish to speak to answer questions ou representing an organiza	☐ Oppose ☐ Wish to specify Do not wis ☐ Available to ation or a person other than yourself: mplete the rest of this form. If you an	h to speak to answer questions Yes XNo	ext
Name, address and tel	ephone number of each pe	erson or organization you are represen	ting:	
Are you being paid fo	r your representation?		☐ Yes ☐ No	
Are you appearing as	part of your other paid dut	ies for this person or organization? mplete the rest of this form. If you ans	 ☐ Yes ☐ No	xt
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes		

Are you an governmenta	elected official who is appearing solely on behalf tal body?	of your office or for your municipality or other Yes No
	vered "yes" to the question, STOP. You need not comp you answered "no" to the question, go on to the next	
If you are bethat:	peing paid for your representation, or if your appearan	nce is part of other paid duties, do you understand
1.	Before you engage in lobbying as a lobbyist, you with the City Clerk?	or your principal must file an authorization Yes No
2	Your principal is not permitted to authorize you with the City Clerk?	to lobby unless the principal is registered Yes No
3	If your principal spends or will owe more than \$ period (calendar quarter), the principal must file the remaining quarters of the calendar year?	
	vered "no" to any of the last three questions, please c om 103 of the City-County Building, Madison, for mor	
Date	Signature	
	Print Name	

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Date: 2/1/05

City of Madison Registration Statement - Common Council

Please Print		
Agenda No.		Name Bian Lytenegger Address 102 E. Golham St.
		Mayison, WI 53703
Please check the app	propriate boxes:	
	speak wish to speak le to answer questions	Oppose Wish to speak Do not wish to speak Available to answer questions
At this meeting are gard (If you answered "n question.)	you representing an organiza o, " STOP; you need not co	tion or a person other than yourself: \[\begin{aligned} \text{Yes} & \text{No} \\ nplete the rest of this form. If you answered "yes," go on to the nex \end{aligned}
Name, address and t	elephone number of each pe	rson or organization you are representing:
Are you being paid f	or your representation?	☐ Yes ☐ No
Are you appearing as (If you answered "no question.)	s part of your other paid dut. o," STOP; you need not con	es for this person or organization?
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other body?
The same of the same of the same of the same of	red "yes" to the question, STOP . You need not complete the rest of this form, except that you must sigr ou answered "no" to the question, go on to the next question.)
If you are be that:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 2/1/05

City of Madison Registration Statement - Common Council

Please Print		
Agenda No.		Name Shelley Fite Address 1126 Jenifor St #1 Madron, N1 53703
Please check the ap	ppropriate boxes:	
At this meeting are (If you answered ") question.)	wish to speak ble to answer questions you representing an organiza no," STOP; you need not co	Oppose Wish to speak Do not wish to speak Available to answer questions tion or a person other than yourself: Yes No nplete the rest of this form. If you answered "yes," go on to the next
Are you being paid	for your representation?	☐ Yes No
Are you appearing a (If you answered "n question.)	as part of your other paid dut no," STOP; you need not con	es for this person or organization? Yes No nplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes 5 minutes 3 minutes

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or office. I body?	other
	ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must you answered "no" to the question, go on to the next question.)	sign
If you are b that:	sing paid for your representation, or if your appearance is part of other paid duties, do you unders	tand
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?	
2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?	
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?	
	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Cle m 103 of the City-County Building, Madison, for more information.)	erk's
Date	Signature	
	Print Name	

Date:	2	-1-0	5	. 1	٠.	•	

City of Madison Registration Statement - Common Council

Please Print		
Agenda No	7	Name Harry Richardson Address 18 Shermanter No 2 Madison WI
Please check the ap	opropriate boxes:	
At this meeting are (If you answered "iquestion.)	wish to speak ble to answer questions you representing an organiz no," STOP; you need not co	Oppose Wish to speak Do not wish to speak Available to answer questions The control of the con
Are you being paid	for your representation?	☐ Yes ☐ No
Are you appearing a (If you answered "n question.)	as part of your other paid dut no," STOP; you need not co	es for this person or organization?
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

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Date:	ZXJ	Ø	
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City of Madison Registration Statement - Common Council

Please Print		
Agenda No.	47	Name MARTIN ZANNI Address 3400 CROSS 8T. MADISON WE 53711
		MADISTON WE 53711
Please check the ap	propriate boxes:	
At this meeting are (If you answered "n question.)	o," STOP; you need not co	Oppose Wish to speak Do not wish to speak Available to answer questions ation or a person other than yourself: Yes No mplete the rest of this form. If you answered "yes," go on to the next
Are you being paid !	for your representation?	☐ Yes ☐ No
Are you appearing a (If you answered "n question)	s part of your other paid dut o, " STOP; you need not co	ies for this person or organization?
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes 5 minutes 3 minutes

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
A - 175 A - 1 A - 1 A - 1 A - 1	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
T 4 T 1 T 2 T 3 T 3 T 3 T 4 T 4 T 4 T 4 T 4 T 4 T 4	vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's com 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

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Date:	2/1	0 (

City of Madison Registration Statement - Common Council

Please Print					
Agenda No.		Name Address	Christie 3400 Madisa	015en Cross St m 53	
Please check the appropri	ate boxes:				
	o speak inswei questions		☐ Do no ☐ Availa	to speak t wish to speak able to answer que	
At this meeting are you re (If you answered "no," S question) Name, address and teleph	TOP; you need not comp	lete the res	of this form. If yo	u answered "yes,	No "go on to the next
Are you being paid for yo	ur representation?			☐ Yes	X 100
Are you appearing as part (If you answered "no," S' question)	of your other paid duties FOP ; you need not compl	for this per lete the rest	son or organization of this form. If you	1? ☐ Yes u answered "yes,'	
Inf	blic Hearing ormation Hearing ner Items	Alamaniya ya Maraka ili da kara da kar Maraka da kara	5 minutes		

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are bothat:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?
2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

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Date:	<i>→</i> -			

City of Madison Registration Statement - Common Council

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Agenda No.		Name Raderess Salumn	e ing St 53204
Please check the app	ropriate boxes:		
	speak vish to speak e to answer questions	☐ Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer q	uestions
		zation or a person other than yourself: Ye omplete the rest of this form. If you answered "ye	
Name, address and te	elephone number of each p	person or organization you are representing:	
Are you being paid fo	or your representation?	∏ Ye	; [XNo
Are you appearing as	part of your other paid du	☐ Yest this person or organization? ☐ Yest omplete the rest of this form. If you answered "yest"	s 🖾 No

Are you an elected official who agovernmental body?	is appearing solely	y on behalf of yo	our office or fo		pality or other No
(If you answered "yes" to the quest this form. If you answered "no" to				orm, except tha	t you must sign
If you are being paid for your repr that:	esentation, or if yo	our appearance is	part of other p	aid duties, do	you understand
1 Before you engage with the City Clerk?		bbyist, you or you	ır principal mus		rization No
2 Your principal is n with the City Clerk?		thorize you to lob	by unless the		gistered _] No
3 If your principal sp period (calendar quarte the remaining quarte	arter), the principa	l must file expens		ith the City Cl	
(If you answered "no" to any of the Office at Room 103 of the City-Cou				266-4601 or go	to the Clerk's
Date 2-(-S	Signature	Q-J	De	<u>ee</u>	
	Print Name		1/7	CUEC	



Date: 2/1/05

City of Madison Registration Statement - Common Council

Please Print			
	47	Name IVILLA 5754 Address 947 E Gorham St #1 Medison, W 53763	
Agenda No		Address 947 E Gurham St #1	
		Madison, M 53763	
Please check the ap	propriate boxes:		
\sim			
Support		O ppose	
Wish to		Wish to speak	
	wish to speak le to answer questions	☐ Do not wish to speak ☐ Available to answer questions	
At this meeting are (If you answered "n question)	you representing an organize, "STOP; you need not co	ation or a person other than yourself: Yes No mplete the rest of this form. If you answered "yes," go on to the	e next
Name, address and	telephone number of each po	erson or organization you are representing:	
Are you being neid			
Are you being paid	for your representation?	☐ Yes 🔀 No	
Are you appearing a	s part of your other paid dut	ies for this person or organization? Yes No	
(If you answered "n question)	o," STOP; you need not co	nplete the rest of this form If you answered "yes," go on to th	e next
Speaking Limits:	Public Hearing	5 minutes	
	Public Hearing Information Hearing	5 minutes	
	Other Items		

gargina da la compania de la compania	nn elected offintal body?	cial who is appearin	ng solely on behali	of your office or	for your municipa	
		o the question, STOI d "no" to the questic			s form, except that y	ou must sign
If you are that:	being paid for	your representation	i, or if your appeara	nce is part of other	paid duties, do you	ı understand
1		ou engage in lobbyin City Clerk?	ig as a lobbyist, you	or your principal n	nust file an authoriza	
2		icipal is not permitte City Clerk?	ed to authorize you	to lobby unless th	e principal is regist	and the first of the control of the
3	period (ca	incipal spends or walendar quarter), the ning quarters of the c	principal must file			c for
		any of the last three City-County Buildin		化氯基甲二基二二甲基甲二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲	ut 266-4601 or go to	the Clerk's
Date 2	11/05	Sign	ature /	OL OF		
		Print	t Name J	ucia o	UEN	

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Date: 2	(12005

City of Madison Registration Statement - Common Council

Please Print				
Agenda No.	7	Name Address	John Fowler 520 B washingtor Madison, wR	n Ave 207 57703
Please check the app	propriate boxes:			
At this meeting are y (If you answered "naquestion)	speak vish to speak e to answer questions ou representing an organiza o, "STOP; you need not con elephone number of each pe	mplete the rest	of this form. If you answer	swer questions Yes No ed "yes," go on to the next
Are you being paid f	or your representation?			☐ Yes
Are you appearing as	s part of your other paid duti o, " STOP; you need not con			☐ Yes
Speaking Limits:	Public Hearing. Information Hearing Other Items		5 minutes 5 minutes 8 minutes	

Are you an ogovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other l body? Yes No
	ered "yes" to the question, STOP . You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are be that:	sing paid for your representation, or if your appearance is part of other paid duties, do you understand
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date <u>2</u> [1	1/2015 Signature Jel II
	Print Name Dha Fowler