Date: 0 2/27/07

Registration	on Statement -	Common Council COMMITTEE
Please Print	7553	PLEASE PRINT CLEARLY
Agenda No.	3	11 1100 12
11601101110		Address 1648 Capital Ave
		- 실험 기를 받는 것도 되었다. 그 전에 가는 사람들이 되었는데 그 그 그 전에 되었다. 그는 것이 되었다. 그는 것이 되었다. 그는 것이 되었다. - 사람들은 사람들은 그를 보는 것이 되었다. 그는 것이 되었다.
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	port Nor Oppos	A vailable to answer questions
		일으로 발표로 보내되는 보내 보고 보는 발 <u>표를 보</u> 지 않는 것 같다.
		anization or a person other than yourself: Yes No to complete the rest of this form If you answered "yes," provide the name
of who you represent ar		
Name address and teler	shone number of eac	h person or organization you are representing:
rvaine, address and terej	shone number of cae	in person of organization you are representing.
		농사 원칙도에 이 반안되고요요 작가는데 보인 것이다. 그 것이다
	<u> </u>	
Are you being paid for	your representation?	☐ Yes ✓ No
		duties for this person or organization? Yes No t complete the rest of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com	mon Council) 5 minutes
	Information Hearing	3 minutes
	Other Items	3 minutes

	lected official or employee who is appearing solely on behalf of your office or for your musicipality or mental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be hat:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	eri, kurali den bili de de Print Name. Se de de de de de de de Print Name.

Date: 02/27/09

CITY OF MADISON

Common Council

Registration Statement -

COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. I WOULD Please check the appropriate boxes: SPEAK LAST Wish to speak Support Wish to speak
Do not wish to speak
Available to answer questions
SUBJECT **Oppose Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question) Name, address and telephone number of each person or organization you are representing: Are you being paid for your representation? Yes No Are you appearing as part of your other paid duties for this person or organization? Yes (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question) Public Hearing (Common Council) 5 minutes Speaking Limits: Information Hearing 3 minutes

Other Items 3 minutes

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, 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: $\frac{2}{2}/2$

registration Statement -	COMMITTEE
Please Print 05553	PLEASE PRINT CLEARLY
	N. M. Sai Cout
	Name / Cothryn Seltert
Agenda No. O S	Address 1640 Capital
	52765
Please check the appropriate boxes:	
	and ⊠ Wish to speak
Support Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organi	
(If you answered "no," STOP ; you need not confirm of who you represent and go on to the next que	complete the rest of this form. If you answered "yes," provide the name
oj wno you represent una go on to the next que	
Name, address and telephone number of each	person or organization you are representing:
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you be pass out in	exe pictures of look at
Are you being paid for your representation?	how ndiso the rode yes INO
She feels ofraid to	o 28 out to 162d to 9st moil with for this person or organization? Yes No
If you answered "no" STOP : you need not c	complete the rest of this form. If you answered "yes," go on to the next
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Other Items	

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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date Sureny 27, 2007

Registration Statement -	Common Council COMMITTEE
Please Print 05553	PLEASE PRINT CLEARLY
Agenda No. 23	Name SALBAKA LIMPERSK! Address 1649 Coff. +n L Are MACIS on, L; 53705
Please check the appropriate boxes:	MACIS on L. 53705
✓ Support✓ Oppose✓ Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No t complete the rest of this form. If you answered "yes," go on to the next
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	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	Print Name

Date: 2/27/07

Registration Statement -	Common Council COMMITTEE
Please Print 05553	PLEASE PRINT CLEARLY
	Name LIZ FREITICK
Agenda No. 85	Address 16 Sto CAPITA AVE
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP ; you need not of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
Vichi trojello	
Christopher Wren	Capital Are residents
Ju Robinson-Wre	24
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

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Date	Signature
	Print Name