ID#04550 Date: 9/106

Registration Statement	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Alayne Gardner-Carimi
Agenda No. 104	Address 300 Southing Grange
	Name Alayne Gardner-Carimi Address 300 Southing Grange Cottage Grove WI 53527
Please check the appropriate boxes:	
Support	and Wish to speak
◯ Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
Are you being paid for your representation?	☐ Yes 🔽 No
	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Comn	non Council) 5 minutes

- A	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	eing 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?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 19 September 2006

Registration Statemen	t - Common Council
Please Print	
	PLEASE PRINT CLEARLY
	Name Sharon Henes
Agenda No. 104	- Address 720 Crawford Drive
	Cottage Grove WI 53527
Please check the appropriate boxes:	
⊠ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Op	pose Available to answer questions
of who you represent and go on to the no	f each person or organization you are representing:
Are you being paid for your representati	ion?
	paid duties for this person or organization? Yes No d not complete the rest of this form If you answered "yes," go on to the next
	Common Council) 5 minutes uring 3 minutes

The state of the s	elected official or employee who is appearing solely on behalf of your office or for your municipality or unental 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.)
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Date	Signature
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				Date:		
		CITY OF MADIS	SON			
Registrat	tion Statement -	Common Co	uncil			
Please Print		PLEASE PR	INT CLEARLY			
Agenda No. 📗 🖯 🗎	4	NameAddress	Dave 4,201	- Huga Baian	1.100	<u> </u>
			MADI	Con, wi		1/6
Please check the app	ropriate boxes:					
Support Oppose Neither St	upport Nor Oppos	and Se	Do not	speak wish to speak le to answer ques	stions	
If you answered "no	ou representing an orga o," STOP; you need no t and go on to the next q	t complete the rest of			No provide the	name
Name, address and to	elephone number of eac	h person or organizat	ion you are repre	senting:		
Are you being paid f	or your representation?			☐ Yes	☐ No	
	s part of your other paid o," STOP; you need no				∏ No go on to the	e next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		ninutes ninutes ninutes			
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	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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Date	Signature
	Print Name

Date: 9/19/06

Registra	tion Statement -	Common Co	uncil		
Please Print		PLEASE PF	RINT CLEARLY		
Agenda No.	104	Name	Lisa (326 Bor Cottage	passer nie Ro (orove	oad , we
Please check the app	propriate boxes:				5352
Support Oppose Neither S	upport Nor Oppos	ar e	Do not wis		stions
(If you answered "n	you representing an orga to," STOP; you need no to at and go on to the next q	t complete the rest o			
Name, address and t	elephone number of eac	h person or organiza	tion you are represen	ting:	
Are you being paid	for your representation?			Yes	No
	s part of your other paid o," STOP; you need no				
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	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)
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Date	Signature
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Date	9	كالرا	1-6	16		1

Registrat	ion Statement -	Common Council
Please Print		PLEASE PRINT CLEARLY
Agenda No.	104	Name Patty Hoppe Address 4207 Bain bridgeSt. Madison, WI 53716
Please check the appr	ropriate boxes:	
Support Oppose Neither St	ipport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no		anization or a person other than yourself: \[Yes \] No to complete the rest of this form. If you answered "yes," provide the name question)
Name, address and te	lephone number of eac	ch person or organization you are representing:
Are you being paid for	or your representation?	☐ Yes ☐ No
		I duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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.)
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Date	Signature
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