	Date: 3-21-06
	CITY OF MADISON
Registration Statement D3110 Please Print	Common Council COMMITTEE
	PLEASE PRINT CLEARLY
Agenda No. 41-Garman	Name Kosemany Let Address III W WILSON ST 4108 MADISON 53703
	THAULSO SOME
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 organ (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:
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

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

Speaking Limits:

· · · · · · · · · · · · · · · · · · ·	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental 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)
If you are b that:	being 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 of the City-County Building, Madison, for more information)
Date	Signature
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	CITY OF MADISON
Registration Statement -	Common Council
D311D	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Theodoret Vota Jr
Agenda No.	Address 1146 Williams on
Please check the appropriate boxes:	
	and Wish to speak
Support	☐ Do not wish to speak
OpposeNeither Support Nor Oppos	Available to answer questions
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At this meeting are you representing an orga (If you answered "no," STOP ; you need no of who you represent and go on to the next of	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation?	? □ Yes □ No
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Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes

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Date	Signature
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Date: March 21-06

CITY OF MADISON

Registration St のろりの	commo committee	n Council
Please Print	PI FA	SE PRINT CLEARLY
Agenda No.		ess 936 E. Dayton St Madison W1 53703
Please check the appropriate		
Support Oppose Neither Support	Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you repre (If you answered "no," STO of who you represent and go	P; you need not complete the	person other than yourself: Yes No rest of this form. If you answered "yes," provide the name
Name, address and telephone	number of each person or or	ganization you are representing:
Are you being paid for your r	epresentation?	☐ Yes ☐ No
Are you appearing as part of (If you answered "no," STO question.)	your other paid duties for thing it is a point of the poi	s person or organization? Yes No rest of this form. If you answered "yes," go on to the next
Inforr	c Hearing (Common Council nation Hearing Items	3 minutes

Are you an el other governn	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Date	Signature
	Print Name

		Date: 3-2
		CITY OF MADISON
$\it C$	tion Statement 3110	Common Council COMMITTEE
Please Print		PLEASE PRINT CLEARLY
		Name Mausha Runnel Address 1339 Sp Rutledge St #2 Madison W 53703
Agenda No.		Address 1339 St Ruffelge St #2
Gorman	800 bl	Madison W 53703
Please check the app	propriate boxes:	
Support Oppose Neither S	upport Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "n		nization or a person other than yourself: \(\sum \) Yes \(\sum \) No complete the rest of this form. If you answered "yes," provide the name testion)
Name, address and t	elephone number of each	person or organization you are representing:
	Marquette	Neighborhoud Assuc
)	
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:		mon 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? \qquad \qquad Yes \qquad \qquad No	
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Date	Signature	
	Print Name	

	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print Agenda No.	PLEASE PRINT CLEARLY Name Bob Shaw Address 917 E. Dayton Madish, UT
Please check the appropriate boxes:	
SupportOpposeNeither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	nization or a person other than yourself: \(\subseteq \text{Yes} \) \(\subseteq \text{No} \) no complete the rest of this form. If you answered "yes," provide the name testion.)
Name, address and telephone number of each	person or organization you are representing:
Tenney-Lapham 1	leighburhair Association Council
Are you being paid for your representation?	☐ Yes 💆 No
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Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

Date: 3/21/04

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