Date:	10	-3	-0	6	10	
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Registration Statement -	Common Council
Please Print	마스트를 발표하고 되었습니다. 그는 그리고 있는 것으로 가는 것으로 보고 있다. 
	PLEASE PRINT CLEARLY
	Name Nancy Werlein Address 301 W. Lakeview ave
Agenda No.	Address 301 W. Lakeview ave
	Madison
Please check the appropriate boxes:	
✓ Support	and Wish to speak
Oppose O	☐ Do not wish to speak ☐ Available to answer questions
☐ Neither Support Nor Oppose	Bourt, Market and Charle and Carlo Market and Carlo Market and Carlo Market Andreas (1997), and a single and Market and the company of the Carlo Market Andreas (1997), and the Carlo Market Andreas (1997), and the Carlo M
	nization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name uestion)
Name, address and telephone number of each	n 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," <b>STOP</b> ; 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
Speaking Limits: Public Hearing (Com	mon Council) 5 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
	ered "yes" to the question, <b>STOP.</b> 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, 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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

		CITY OF MADISON
Registrat	tion Statement	Common Council
		COMMITTEE
Please Print (	04550	PLEASE PRINT CLEARLY
		요즘 회원은 그리다는 그의 전문에는 가 있는데 가는 가는 그리고 그는 것을 하는데
Agenda No.	1	Name cynthia Hagins Address 4205 Bainbridgest
Agenda No.		Address 4205 Bainbridge St
		Madison 53716
Please check the app	ropriate boxes:	
[7] G		and ☑ Wish to speak
<b>Support Oppose Oppose</b>		Do not wish to speak
	upport Nor Oppose	Available to answer questions
(If you answered "no of who you represent	o," <b>STOP;</b> you need not t and go on to the next qu	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name sestion)  person or organization you are representing:
Are you being paid for	or 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:	Information Hearing	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?
	ered "yes" to the question, <b>STOP.</b> 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
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. –	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information)
Date	Signature
	Print Name

		Date:				
		CITY OF MA	DISON			
Registration		Common (	Council			
		OMMITTEE				
Please Print 049	55 7	PLEASE	PRINT CLEARLY	Y		
		Name	Jane Ahl	strom		
Agenda No. 47		Address	4204 Ba Mash'so	inbrid	lee St	
			Mach so	η		
Please check the appropris	ate boxes:					
⊠ Support				h to speak		
Oppose				not wish to		
Neither Suppo	ort Nor Oppose		Ava	ilable to an	swer ques	lions
At this meeting are you re (If you answered "no," So of who you represent and Name, address and telephone	TOP; you need not congo on to the next ques	mplete the res tion)	t of this form If y	you answer		No provide the name
Are you being paid for you	ur representation?				☐ Yes	□No
Are you appearing as part (If you answered "no," <b>S</b> Z question)					Yes Yes,"	☐ No go on to the next
Inf	blic Hearing (Commo					

	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, <b>STOP.</b> 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
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Date	Signature
	Print Name

		CITY OF MADISON
Registra	tion Statement	Common Council
		COMMITTEE
Please Print	04557	PLEASE PRINT CLEARLY
		Name Lylo F Roykolds
Agenda No.		Address 4206 BAINBUIDE St
		Name Lyle F. Reynolds  Address 1206 Bainbuidge St  Madison wi
Please check the app	propriate boxes:	참고, 마시스(III) 전문 전 전환 스스스 스스스 스스스 (III) 스스스스 스스스 스스스 스스스 스스스 스스스스 스
Support     Support		andWish to speak
Oppose		Do not wish to speak
	upport Nor Oppose	Available to answer questions
(If you answered "n of who you represen	o," <b>STOP;</b> you need not of and go on to the next qu	ization of a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name estion)  person or organization you are representing:
Are you being paid	for your representation?	☐ Yes — X No
		luties for this person or organization? Yes No complete the rest of this form If you answered "yes," go on to the next
Speaking Limits:	_ ·	non Council) 5 minutes 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, <b>STOP.</b> 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 bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
ı.	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?
	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: (0-3-0)

Registration S	tatement - Comm	on Council	
	COMMITTE		
Please Print O45	557	EASE PRINT CLEARLY,	
117	Nar	ne 610 20010	am
Agenda No.		dress 4215 B(1)	Upn'aco St
		Noclisa	W) 53716
Please check the appropriate	boxes:		1
		$\bigvee$ w.1.	
Support		and Wish to speak Do not wish to s	peak
Oppose Neither Support	t Nor Oppose	Available to ans	wer questions
		_	Yes No
of who you represent and go		ne rest of this form. If you answere	a yes, proviae ine name
Name, address and telephone	e number of each person or o	organization you are representing:	
Are you being paid for your	representation?		Yes No
Are you appearing as part of (If you answered "no," STO question)		nis person or organization? [ne rest of this form. If you answere	Yes No 'd "yes," go on to the next
Speaking Limits: Publi	c Hearing (Common Counci	il) 5 minutes	
	mation Hearing		
Other	t Items	3 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> 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
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	to 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
	Print Name

Date: 10-3-06

Registration Statement	: - Common Council
Please Print 0455 7	PLEASE PRINT CLEARLY
Agenda No. 47	Name TIMOTHY DIEDRICH Address 1210 JEROME ST
Agenda 140.	Address 1210 02 Montes
Please check the appropriate boxes:	
	and ☑_Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Opp	ose
	organization or a person other than yourself: Yes No not complete the rest of this form If you answered "yes," provide the name xt question)
Name, address and telephone number of	each person or organization you are representing:
Are you being paid for your representation	on? ☐ Yes ☑ No
	naid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
	Common Council)5 minutes
	ing 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
	ered "yes" to the question, <b>STOP.</b> 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, please be advised
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. –	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date:	10-0	3-06	6

Registration Statement	Common Council COMMITTEE
Please Print 0455 0	PLEASE PRINT CLEARLY
Agenda No.	Name ROGER KARN  Address 212 E. CONDSPRING AUE,  MADISON, WX 53716
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
	nization or a person other than yourself: Yes 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:
Are you being paid for your representation?	☐ Yes   XNo
Are you appearing as part of your other paid of (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

	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, <b>STOP.</b> 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	
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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: $\log 3 \log$
	CITY OF MADISON
Registration State	ement - Common Council COMMITTEE
Please Print 0455	PLEASE PRINT CLEARLY
	Name Alayne Carımi
Agenda No.	Address 300 Southing Grange
	Cottage Grove
Please check the appropriate box	es:
Support Oppose Neither Support No	and Wish to speak  Do not wish to speak  Available to answer questions
	ting an organization or a person other than yourself:  \[ Yes \] No ou need not complete the rest of this form If you answered "yes," provide the name o the next question)
Name, address and telephone nur	mber of each person or organization you are representing:
Are you being paid for your repre	esentation?
	r other paid duties for this person or organization?  Yes No ou need not complete the rest of this form. If you answered "yes," go on to the next
	earing (Common Council) 5 minutes on Hearing 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, <b>STOP.</b> 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
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	to 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
	Print Name

Date: 10/3/06

Registra	tion Statement	Common Council COMMITTEE
Please Print	0400	PLEASE PRINT CLEARLY
		Name Dave Hoppe
Agenda No	7	Address 4209 BainbridgeSt
		Name Dave Hoppe Address 4207 BainbridgeSt. Madison, WI
Please check the ap	propriate boxes:	
Support		and Wish to speak
<b>Oppose</b>		Do not wish to speak
	upport Nor Oppos	Available to answer questions
of who you represer	nt and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name nuestion)  h person or organization you are representing:
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:	. —	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
	ered "yes" to the question, <b>STOP.</b> 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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	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
	Print Name

Date: 10	31	06		
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Registration Statement -	Common Council COMMITTEE
Please Print 04556	PLEASE PRINT CLEARLY
Agenda No. <u>시</u> 기	Name Patricia Hoppe Address 4207 Bainbridge St. Madison, WI
Please check the appropriate boxes:	
<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor Oppos</li></ul>	and ☑ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions e
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 q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	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 no question)	duties for this person or organization? Yes No to complete the rest of this form If you answered "yes," go on to the next
	nmon Council)5 minutes 3 minutes

	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, <b>STOP.</b> 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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	to 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
	Print Name

Date: 3 October 2006

Registration Staten	nent - Common Council
Please Print 04550	PLEASE PRINT CLEARLY
	Name Sharon Henes
Agenda No. 47	Address 720 Crowford Drive
	Address 720 Crawford Drive Cottage Grove, WI 53527
Please check the appropriate boxes:	
Support	and ☒ Wish to speak ☐ Do not wish to speak
Oppose Neither Support Nor	Available to answer questions
of who you represent and go on to t	need not complete the rest of this form. If you answered "yes," provide the name he next question)  er of each person or organization you are representing:
Are you being paid for your represe	ntation?
	ther paid duties for this person or organization?  Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Information	ng (Common Council) 5 minutes Hearing 3 minutes 3 minutes

	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, <b>STOP.</b> 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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	to 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
	Print Name

			υ	ate:	
	CITY	OF MADISO	N		
Registration S	Statement - Comr	non Coun	cil		
Please Print OC	<u>6</u> 50 pi	LEASE PRINT	CLEARLY		
Agenda No.	7 N A	ame /e	M KRAJE WOO J	erome	I , 57
Please check the appropriat	e boxes:				
Support Oppose Neither Support	rt Nor Oppose	and	<ul><li>✓ Wish to speak</li><li>☐ Do not wish t</li><li>☐ Available to a</li></ul>	o speak	tions
At this meeting are you represent and go of who you represent and go	OP; you need not complete				No provide the name
Name, address and telephor	ne number of each person or	r organization	you are representin	ıg:	
Are you being paid for your	representation?			Yes	No
Are you appearing as part o (If you answered "no," STO question)				☐ Yes ered "yes,"	No go on to the next
Info	lic Hearing (Common Coun rmation Hearing er Items	3 minu	ites		

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?  Yes No
	red "yes" to the question, <b>STOP.</b> 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 bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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: 10-3-06

Registration Statemo	ent - Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No. 47	Name Dawn Karn  Address 212 E. Coldspring  Malison WI 53716
Please check the appropriate boxes:	
<ul><li>☐ Support</li><li>☑ Oppose</li><li>☐ Neither Support Nor C</li></ul>	and Wish to speak  Do not wish to speak  Available to answer questions
	an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the name e next question)
Name, address and telephone number	r of each person or organization you are representing:
Are you being paid for your represen	tation?
	ner paid duties for this person or organization?  Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Information H	g (Common Council) 5 minutes  Iearing 3 minutes

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

Date: 10/3/06

Registrat	The state of the s	Common (	Counci				
Please Print	04550	PLEASE	PRINT CL	_EARLY			
		Name	AL	KEN	16		
Agenda No. 47		Address	301	W. 6	AKEVIE	W/	4ve-
			MA	HDISON	AKEVIE	5	3716
Please check the appr	ropriate boxes:						
Support Oppose	ipport Nor Oppose		and [	☐ Wish to ☑ Do not v ☐ Availab	speak wish to spea le to answe	ık r questi	ons
(If you answered "no	ou representing an organization," <b>STOP;</b> you need not column and go on to the next ques	mplete the res					☑ No rovide the name
Name, address and te	lephone number of each pe	erson or organ	ization yo	u are repre	senting:		
Are you being paid for	or your representation?					Yes	□ No
	part of your other paid dut," STOP; you need not co						□ No go on to the next
Speaking Limits:	Public Hearing (Commo Information Hearing Other Items	***************************************	3 minutes	S			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> 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, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 10|3|06

Registration Statement	t - Common Council
Please Print 0455	PLEASE PRINT CLEARLY
	Name Sacklyn Da Wast
Agenda No.	- Address 4119 Jerome Street
Please check the appropriate boxes:	Madison W1 53716
Support Oppose Neither Support Nor Opp	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name ext question.)
Name, address and telephone number of	each person or organization you are representing:
Are you being paid for your representation	on?
	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
	Common Council) 5 minutes ing 3 minutes

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question.)
If you are bein that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
	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?
	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 103	Note Signature Alklyn Da Walt  Print Name Sacklyn Da Walt