

Date: 10-3-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04550

PLEASE PRINT CLEARLY

Agenda No. 47

Name Nancy Werlein
Address 301 W. Lakeview Ave.
Madison

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 organization or a person other than yourself: Yes No
(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 No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council)..... 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

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Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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04550

PLEASE PRINT CLEARLY

Name Cynthia Higgins

Address 4205 Bainbridge St

Madison 53716

Agenda No. <u>47</u>

Please check the appropriate boxes:

- Support**
- Oppose**
- Neither Support Nor Oppose**

- and
- Wish to speak**
 - Do not wish to speak**
 - Available to answer questions**

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Print Name _____

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CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04557

PLEASE PRINT CLEARLY

Name Jane Ahlstrom

Address 4204 Bainbridge St.
Madison

Agenda No. 47

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 organization or a person other than yourself: Yes No
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Speaking Limits:

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

(SEE BACK)

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Print Name _____

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CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04557

PLEASE PRINT CLEARLY

Name Lyle F. Reynolds

Address 4206 Bainbridge St
MADISON WI

Agenda No. 217

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 organization or a person other than yourself: Yes No
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- Public Hearing (Common Council)..... 5 minutes
- Information Hearing 3 minutes
- Other Items 3 minutes

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CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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04557

Agenda No. 47

PLEASE PRINT CLEARLY

Name Gila Stoshany

Address 4215 Baubridge St
Madison WI 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**

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Signature _____

Print Name _____

Date: 10-3-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04557

PLEASE PRINT CLEARLY

Name TIMOTHY DIEDRICH

Address 4210 JEROME ST

Agenda No. <u>47</u>

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 organization or a person other than yourself: Yes No
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Date _____

Signature _____

Print Name _____

Date: 10-03-06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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04550

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Agenda No. 47

Name ROGER KARN

Address 212 E. COWSPRINGS AVE,
MADISON, WA 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

At this meeting are you representing an organization or a person other than yourself: Yes No
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Print Name _____

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CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04550

PLEASE PRINT CLEARLY

Agenda No. <u>47</u>

Name Alayne Carimi

Address 300 Southing Grange

Cottage Grove

3293

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 organization or a person other than yourself: Yes No
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CITY OF MADISON

Registration Statement - Common Council

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04550

PLEASE PRINT CLEARLY

Name Dave Hoppe

Address 4207 Bainbridge St.
Madison, WI

Agenda No. 47

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
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REGISTRATION STATEMENT - PAGE 2

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CITY OF MADISON

Registration Statement - Common Council
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Agenda No. 47

Name Patricia Hoppe
Address 4207 Bainbridge St.
Madison, WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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Signature _____

Print Name _____

Date: 3 October 2006

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04550

Agenda No. <u>47</u>

PLEASE PRINT CLEARLY

Name Sharon Henes
 Address 720 Crawford Drive
Cottage Grove, WI 53527

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and Wish to speak
 Do not wish to speak
 Available to answer questions

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CITY OF MADISON

Registration Statement - Common Council

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Agenda No. <u>47</u>

Name Tom KRAJEWSKI

Address 4208 Jerome St

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
 - Do not wish to speak
 - Available to answer questions

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Agenda No. 47

PLEASE PRINT CLEARLY

Name Dawn Karn

Address 212 E. Coldsping
Madison WI 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

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Agenda No. 47

Name AL KENT

Address 301 W. LAKEVIEW AVE

MADISON, WI 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

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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?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: 10/3/06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

04550

Agenda No. 47

PLEASE PRINT CLEARLY

Name Jacklyn DeWalt
Address 4119 Jerome Street
Madison WI 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

At this meeting are you representing an organization or a person other than yourself: Yes No
(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 No
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council)..... 5 minutes
Information Hearing..... 3 minutes
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

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?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 10/3/06

Signature *Jacklyn Da Walt*
Print Name Jacklyn Da Walt