		CITY OF MADISON
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	5580 5547	PLEASE PRINT CLEARLY
Agenda No.		Name Will Sandstrom Address 2621 Muland 5t Modison WI
Please check the appropr	riate boxes:	Modison 6-11
Support Oppose Neither Supp	oort Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
	<b>STOP;</b> you need not co	ation or a person other than yourself:  Yes No implete the rest of this form. If you answered "yes," provide the name stion)
Name, address and telep		erson or organization you are representing:
Are you being paid for y	our representation?	☐ Yes 📉 No
		ties for this person or organization?  Yes No omplete the rest of this form. If you answered "yes," go on to the next
In	nformation Hearing	on Council) 5 minutes 3 minutes 3 minutes

(SEE BACK)

	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:	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.
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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 f the City-County Building, Madison, for more information.)
Date	Signature
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Date:  $\frac{2}{\varphi}$ 07

## **CITY OF MADISON**

Registration Statement -	Common Council COMMITTEE
Please Print 05547	PLEASE PRINT CLEARLY
40,-	Name Patrick McDonnell Address 441 N. Paterson
Agenda No. 4 #05580 Stronton	Address 441 N. Paterson
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Please check the appropriate boxes:	
Support	and Wish to speak  Do not wish to speak
Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
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At this meeting are you representing an orga	
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 juestion)
	[마리스 미국 아이들도 모으로 보는 사람이 없는 모든 일반되다.
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," <b>STOP</b> ; you need not 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
Speaking Limits: Public Hearing (Com	nmon Council)5 minutes
	3 minutes
Other Items	2 minutes

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Date	Signature
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Date: 6FEB 67

# **CITY OF MADISON**

Registration Statement -	Common Council COMMITTEE
Please Print 05547 05580	PLEASE PRINT CLEARLY
Agenda No.	Name HAY FILEN Address 26 Sunfer Cf MAR
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," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
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Speaking Limits: Public Hearing (Communication Hearing) Other Items	

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

Date: 02-06-07

# **CITY OF MADISON**

Registration Statement	Common Council COMMITTEE
Please Print 05547 05,580	PLEASE PRINT CLEARLY Name ROSEMARY LEE
Agenda No. 4-REFERENDUM	Name Kosemapy Let Address III W WILSON ST 4102 MADISON 5370
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," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
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 (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
	mon Council) 5 minutes 3 minutes 3 minutes

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Date	Signature
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	Date:
	CITY OF MADISON
Registration Statement	Common Council
- 명호점 실립론(1) #연상동 연변 (1) <u>- 1</u> 버스	COMMITTEE
Please Print 0 5580	
	PLEASE PRINT CLEARLY
	Name / ela / furno
Agenda No.	Address 4/02 Neudow Valley Madism W/ 53704
	Madion W/ 53704
Please check the appropriate boxes:	
<b>Support</b>	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an organ	nization or a person other than yourself: Yes No
(If you answered "no," <b>STOP</b> ; 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	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	duties for this person or organization? Yes No
(If you answered "no," <b>STOP</b> ; you need not	t complete the rest of this form. If you answered "yes," go on to the next
question)	
Speaking Limits: Public Hearing (Com	mon Council)5 minutes
	3 minutes

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Date	Signature
	Print Name

	CITY OF MADISON
Registration Statement	Common Council
65580	COMMITTEE
Please Print OD 05547	PLEASE PRINT CLEARLY
	Name PETEL MUNIC
Agenda No. $3(127)$	Address 41102 Meadon Valley Dr
	Name PETER MUNITA  Address 41102 Meadon Valley Dr  Machine 53704
Please check the appropriate boxes:	
Support	and Wish to speak  Do not wish to speak
Oppose Neither Support Nor Oppose	Available to answer questions
of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?	☐ Yes ☐ No
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