ID# 08928

Date: 4-22-08

Registra	tion Statement -	Common Council
		COMMITTEE
Please Print		PLEASE PRINT CLEARLY
		Name ROSEMARY LEE
Agenda No. 4	7	Name ROSEMARY LEE Address III W WI SON 53703
Please check the app	propriate boxes:	일일은 사용하다의 <del>등의 학생</del> 가 등로 하고 말로 보고 말라면 보고 있을 수 있다. 역사의 기본 등 사용하는 사용하다 및 기본 등을 보고 말로 되었다. 역사 기본 등의
Le	ropriate toxes.	
Support		and Wish to speak  Do not wish to speak
Oppose Neither S	Support Nor Oppos	Available to answer questions
		- 발표하면 보다 보고 보고 있습니다. 스트 <u>라</u> 스트로 <mark>다.</mark> 스트라이틴
At this meeting are fifty ou answered "n	you representing an organo," <b>STOP;</b> you need no	nization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name
of who you represer	nt and go on to the next q	question)
Name, address and	telephone number of eac	h person or organization you are representing:
	<u> </u>	
Are you being paid	for your representation?	Yes No
Are you appearing a	as part of your other paid	duties for this person or organization? Yes No
(If you answered "n question)	10," <b>STOP;</b> you need no	ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:		nmon Council)5 minutes
		minutes 3 minutes
	Office reality	munanunanananananananananananananananana

	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
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

Date: 4/24/08

# **CITY OF MADISON**

Registration Statement - Common Council

	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Royaldy Party  Address 17 Lawsing 57  Madison 53719
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organization	and Wish to speak  Do not wish to speak  Available to answer questions  ation or a person other than yourself: Yes No
of who you represent and go on to the next ques	mplete the rest of this form. If you answered "yes," provide the name stion.)
Name, address and telephone number of each pe	erson or organization you are representing:
Are you being paid for your representation?	☐ Yes
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not co question)	ties for this person or organization?  Yes No emplete the rest of this form. If you answered "yes," go on to the next
Information Hearing	on Council) 5 minutes 3 minutes 3 minutes

Are you an el other governm	lected 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 be that:	ing 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.
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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?
	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	1/22/08 Signature 11/4/1/1/20
	Print Name Kanald W. Postol

Date: 4-22-08

Registration Statement -	Common Council
Please Print	PLEASE PRINT CLEARLY
	Name Cavo Coossay
Agenda No. 49	Name COWO   CNOSSAY  Address 512 E Main St  Madison Wt 53703
	Madison WI 53703
Please check the appropriate boxes:	
<b>⊠</b> Support	and Wish to speak
Oppose	<ul><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Neither Support Nor Oppo	SC and in the control of the Telephone in the late of the first and the control of the control o
	canization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name question)
Name, address and telephone number of ea	ch person or organization you are representing:
Are you being paid for your representation	?
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question)	d duties for this person or organization?  Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes

	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, <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 t that:	being 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.
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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
	Print Name

마트를 다른 등을 하는 것은 것은 것은 것은 것은 것이 없다.		Date:	11 66108	- 1
	CITY OF MADISON			
Registration Statement -	Common Council			
Please Print	PLEASE PRINT CLEARLY			
$L_{\alpha}$	Name Amy Wyatt			
Agenda No. 40	Address 1141 Jeniter	<u>St.</u>		<u> </u>
Please check the appropriate boxes:				
<b>⊠</b> Support		o speak		
Oppose		wish to spea ble to answer		
Neither Support Nor Oppos	e Arania	DIC to answe	questions	
At this meeting are you representing an orga (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	elf: []` u answered "		ıme
Name, address and telephone number of eac	n person or organization you are repr	esenting:		
Are you being paid for your representation?			Yes 🖟 No	
Are you appearing as part of your other paid	duties for this person or organization	ı? 🔲	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

Public Hearing (Common Council)......5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

question)

Speaking Limits:

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign If you answered "no" to the question, go on to the next question)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	o 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.)  A
Date 4/	22/08 Signature Amy Weatt
	Print Name Amy Wyatt

Date: 4-22-08

Registrati	on Statement	Common Co	uncil		
Please Print		PLEASE PR	RINT CLEARLY		
Agenda No.	19	NameAddress	Michella 2217 Sc	e Marti operior s 53704	n T
Please check the appro	opriate boxes:				
Support Oppose Neither Su	pport Nor Oppose	an	🔯 Do not	o speak wish to speak ble to answer ques	tions
(If you answered "no,	ou representing an orgar "STOP; you need not and go on to the next qu	complete the rest of	other than yourse f this form If you	-	∑No provide the name
Name, address and tel	ephone number of each	person or organiza	tion you are repr	esenting:	
	r your representation?			Yes	[No
	part of your other paid "STOP; you need not				L∐No go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing Other Items				

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 beinthat:	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 <u>4</u> -	22-08 Signature Michaelle Mostino

Date: April 22/2003

Registra	tion Statement	Common Council
		COMMITTEE
Please Print		PLEASE PRINT/CLEARLY
		William Continues
Agando No	49	Name # 10/10/10/10/10/10/10/10/10/10/10/10/10/1
Agenda No.		Address 10 6- all all all all all all all all all al
		17401) on W1 55205
Please check the app	propriate boxes:	
		사람들은 불통하는 <u>하는 사람은 사람들은 사람들은 모르는 다</u> 말했다.
Support		and ☐ Wish to speak  Do not wish to speak
Oppose Noithor S	unnort Nor Onnos	☐ Available to answer questions
	upport Nor Oppos	경기 등 보고 있다. 이 이번 경기 등에 되고 있는 것이 되었다. 그는 것이 되었다는 것이 되고 있다. 그는 것이 되었다. 기업 기업 기
		nization or a person other than yourself: Yes No
	o," <b>STOP;</b> you need not t and go on to the next q	complete the rest of this form. If you answered "yes," provide the name
Name, address and to	elephone number of each	h person or organization you are representing:
Are you being paid f	For your representation?	☐ Yes ☐ No
Ara vay annogring a	o part of your other paid	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:	Public Hearing (Com	mon Council)5 minutes
	Information Hearing	minutes 3 minutes
	Other Items	,

	들는 생명을 문화되었다. 역사 학자가 보고 있는 문화 학생들이 생물을 하는 것 같아. 사고 하는 것은 가는 가게 되었다는 것 같아.
	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 hat:	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	4/17/08 Signature alla Reales
•	Print Name Alyson Cortina

Date: 4/22/08

Registrati	on Statement	Common Co	ouncil
Please Print		PLEASE	PRINT NAME CLEARLY
Agenda No. 4		Name Address	James Roper 746 E. Gorham Madison
Please check the app	ropriate box:		Please check the appropriate box:
Support Oppose Neither Su	- ANI L V Do not wich to enough		
(If you answered "no,	ou representing an orga " <b>STOP;</b> you need not and go on to the next q	t complete the rest o	n other than yourself: Yes No of this form. If you answered "yes," provide the name
Name, address and tel	lephone number of eac	h person or organiz	ation you are representing:
-			
Are you being paid fo	r your representation?		☐ Yes ☐ No
Are you appearing as (If you answered "no, question)	part of your other paid," <b>STOP;</b> you need no	duties for this pers t complete the rest	on or organization? Yes No of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3	5 minutes 8 minutes 8 minutes

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
(If you answer this form If yo	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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(Please go to Room 103 of t	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 5	1/22/08 Signature Junio Repa Print Name Tames Bonen

	Date:
	CITY OF MADISON
Registration Statement -	Common Council
Please Print	PLEASE PRINT CLEARLY
	A = A + A + A + A + A + A + A + A + A +
Agenda No.	Name (act 1 100000
	Address 1442 Williams > Madran S373
Please check the appropriate boxes:	
Support	and Wish to speak  Do not wish to speak
Oppose Neither Support New Oppos	Available to answer questions
Neither Support Nor Oppos	
At this meeting are you representing an orga	nization or a person other than yourself: Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
of who you represent and go on to the next q	uestion)
Name address and telephone number of eac	h person or organization you are representing:
	Mad Tr-st, Partlist, Pres,
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 no question)	t 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:

		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 that:	are be	ing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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	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?		
		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: 4/22/08

Registrat	ion Statement	Common Council COMMITTEE
Please Print		PLEASE PRINT CLEARLY
7	7	Name Tom LINK
Agenda No. 89	28	Address /11/ Willow Lae
Please check the app	ropriate boxes:	and Wish to speak  Do not wish to speak
Oppose		Available to answer questions
Neither Su	ipport Nor Oppose	Available to allower questions
(If you answered "no of who you represent	o," <b>STOP;</b> you need not c t and go on to the next que	zation or 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 f	or your representation?	☐ Yes 🖟 No
Are you appearing as (If you answered "no question)	s part of your other paid do," <b>STOP;</b> you need not d	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:	Public Hearing (Comm	non Council)5 minutes
		3 minutes
		3 minutes

	lected 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)	
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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 / Monnes kink	

Date: 4/22/08

Registration Statement -	Common Col	uncil	
Please Print			
		INT CLEARLY	
	Name	Michael Bric 106 5 Fran	lgeman
Agenda No. 49	Address	106 5 Fran	klini St
		Modison	
Please check the appropriate boxes:			
<b>⊠</b> Support	anc		
Oppose		☐ Do not wish to a ☐ Available to ans	
Neither Support Nor Oppo	se	Available to ans	swer questions
(If you answered "no," STOP; you need no of who you represent and go on to the next Name, address and telephone number of ea	question)		
Are you being paid for your representation.  Are you appearing as part of your other pair (If you answered "no," STOP; you need no	id duties for this persor		☐ Yes ☒ No ☐ Yes ☒ No ed "yes," go on to the next
question)			
Speaking Limits: Public Hearing (Co. Information Hearin	mmon Council) 5 n	ninutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
The state of the s	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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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	