		CITY OF MAD	DISON			
Registrati	on Statement -	Common C	ounci			
Please Print						
		PLEASE P		cole Alle	110	
By	19	Name	1/1	11 118	<u> </u>	
Agenda No. <u>37</u>	058 75	Address		Vadison	537.	04
Please check the appro	opriaté boxes:					
Support Oppose			and L	Wish to speakDo not wish to	The second second second	
	pport Nor Oppos	se a santa a santa a	Š	Available to a	nswer quest	ions
If you answered "no, f who you represent o	ou representing an organic representing an organic representation of the next of the next of each of the next of each of the next of the n	t complete the rest question)	of this fo	rm If you answe		∐ No provide the name
	227 Sta	fo S+				
	608 257.	-0158				
are you being paid fo	r your representation?				Yes	□No
	part of your other paid " STOP; you need no				Yes ered "yes,"	No go on to the next
peaking Limits:	Public Hearing (Con Information Hearing Other Items			3		
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Are you an ele	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question.)
If you are beir that:	ng 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?
	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 <u>S</u>	15/07 Signature / Col J Alle

Date: $\frac{65/15/07}{}$

CITY OF MADISON

Registrat	ion Statement	Common C	Council		
	05875 (19)	COMMITTEE			
Please Print	05876(20	PLEASE	PRINT CLEARLY		
		Name	SABDALLAH L	ABABIDI	
Agenda No.	& 20	Address	128 STATE	T	
			MADISON, 1	VI 5370	13
Please check the appr	opriate boxes:				
Support			and Wish to spe		
Oppose Neither Su	ipport Nor Oppose			o answer questic	ons
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:					
TIGER L	14				
128 STA	HE ST				
MADISO	N, M 5370.	3 60	18-345-6668		
Are you being paid for	or your representation?			Yes	□ No
Are you appearing as (If you answered "no question)	part of your other paid of," STOP; you need not	luties for this pe complete the res	rson or organization? t of this form If you ans	ا لبيا	☑No o on to the next
Speaking Limits:	Public Hearing (Comr Information Hearing		5 minutes 3 minutes		

Are you an ele	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
	ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign u 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	Signature		
	Print Name		

	Date:
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print 05875, 05876	PLEASE PRINT CLEARLY
Agenda No. 19 & 20	Name SANJA/ LAMA Address 125 STATE ST MADISON, WI 53763
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose	
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	ization 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 SHAN6K1-LA	person or organization you are representing:
125 STATE ST	
MADISON, WI 5370.	3 608 259 - 9395
Are you being paid for your representation?	☐ Yes ☑No

05/15/07-

Yes

Other Items 3 minutes

Are you appearing as part of your other paid duties for this person or organization?

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes

(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:

	n elected official or employee who is appearing solely on behalf of your office rnmental body?	or for your municipality or Yes No	
	wered "yes" to the question, STOP. You need not complete the rest of this forn If you answered "no" to the question, go on to the next question)	n, except that you must sign	
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1.	Before you engage in lobbying as a lobbyist, you or your principal must with the City Clerk.	file an authorization	
2	Your principal is not permitted to authorize you to lobby unless you are City Clerk.	registered with the	
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 to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or g of the City-County Building, Madison, for more information)	to the Clerk's Office at	
Date	Signature		
	Print Name		

CITY OF MADISON				
Registratio	on Statement	Common Coun	cil	
Please Print	05876	PLEASE PRINT	CLEARLY	
Agenda No. 19∂		Address 23	e Hunke O State St dison WI	
Please check the appro	priate boxes:			
Support Oppose Neither Su	pport Nor Oppos	and se	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer of	
(If you answered "no, of who you represent a	" STOP; you need no and go on to the next (anization or a person other complete the rest of this question) the person or organization	is form. If you answered ye	
Are you being paid fo	r your representation?		\Box Y	es 🗌 No
Are you appearing as (If you answered "no, question)	part of your other paid. " STOP; you need no	d duties for this person o ot complete the rest of th	or organization? \ \ \ Y his form \ \ If you answered ",	
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	mmon Council) 5 mir g 3 mir 3 mir	nutes	

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?		
	red "yes" to the question, STOP. 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:	ing 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		