Date:	_//	-/4	f -	06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print	PLEASE PRINT CLEARLY
Amendment No. / \$2398	Name LORI KIEF
Amendment No.	Address 4413 DOE CROSSING TR MADISON, WI 53704
Amendment No.	MADISON WI 53704
Amendment No.	
Amendment No.	
Please check the appropriate boxes:	
∑ Support	and Wish to speak
Oppose Noither Support Nor Oppose	☐ Do not wish to speak ☐ Available to answer questions
☐ Neither Support Nor Oppose	
At this meeting are you representing an organizati (If you answered "no," STOP; you need not comp	on or a person other than yourself: Yes No olete 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 pers	on or organization you are representing:
Are you being paid for your representation?	☐ Yes ☑ No
	s for this person or organization? Yes No No plete the rest of this form. If you answered "yes," go on to the next
question)	
Speaking Limits: Public Hearing (Common Information Hearing	

	lected 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, STOP. 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:	sing 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?
	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:	11	14 de		

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print							
		PLEASE	PRINT C	LEARLY			
Amendment No. 🔟	- 02398	Name	Jusch	A ROBINS	ره		
Amendment No. 🗥	0-02407	Address	2007	JONIFER	ST 5	YoF2	
Amendment No. 🔟	3-02410						
Amendment No. <u>2</u>	6-02424						
Amendment No. 3	002428						
Please check the app	ropriate boxes:						
Support Oppose	upport Nor Oppose		and [oeak sh to speak to answer qu	estions	
(If you answered "no of who you represen	you representing an organi o, "STOP; you need not co t and go on to the next que elephone number of each	complete the res estion)	t of this f	orm. If you an	swered "yes,	. —	name
Are you being paid t	for your representation?				☐ Yes	☐ No	
Are you appearing a (If you answered "n question)	s part of your other paid do," STOP; you need not o	luties for this pe complete the res	erson or o	rganization? form If you an	☐ Yes nswered "yes	_	e next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items		3 minute	es			

	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, STOP . 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:	peing 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 of the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 14 Mg Nov 06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print	PLEASE PRINT CLEARLY
Amendment No. /- 02398	Name Steve Herry
Amendment No. 10 - 02407	Address 2007 Jeniter
Amendment No. 13 - 02410	3704
Amendment No. 26 - 02424	
Amendment No. 30 -02428	
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose At this meeting are you representing an organizatio	and Wish to speak Do not wish to speak Available to answer questions on or a person other than yourself: Yes
	lete the rest of this form. If you answered "yes," provide the name n.)
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duties (If you answered "no," STOP ; you need not compaquestion.)	for this person or organization? Yes No lete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common C Information 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
	vered "yes" to the question, STOP. 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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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: 11/14/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print		
		PLEASE PRINT CLEARLY
Amendment No.	1-02398	Name SATYA PHODES - COMMY
Amendment No.	3-02400	Address 2642 HODED ST
Amendment No.	10-02407	Addition
Amendment No.	23-02421	
	12-02425	
Amendment No.		02428, 02438
Please check the appr	opriate boxes.	
Support		and Wish to speak
Oppose		Do not wish to speak
	pport Nor Oppo	se Available to answer questions
of who you represent	and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name question.) ach person or organization you are representing:
	part of your other pai	?
question)	, SIOF, you need n	oi complete the rest of this form. If you this werea yes, go on to the next
Speaking Limits:		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?
	vered "yes" to the question, STOP . 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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٠	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