	CITY OF MADISON
Registration Statement	Common Council
Please Print	COMMITTEE
<u>05348</u>	PLEASE PRINT CLEARLY
	Name Lawen M. Woots
Agenda No.	Address 210 N. Charter St. 703
	Madison, WI 53716
Please check the appropriate boxes:	
<b>Support</b>	and Wish to speak
<ul><li>Oppose</li><li>Neither Support Nor Oppose</li></ul>	☐ Do not wish to speak☐ Available to answer questions
of who you represent and go on to the next que  Name, address and telephone number of each	
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not a question)	luties for this person or organization?  Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	non Council) 5 minutes 3 minutes 3 minutes

Date: \_\_\_\_

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
-	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question)
If you are I that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
<b>.</b>	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 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	1 -	16-07	7

## CITY OF MADISON

Registration Statement	Common Council	
Please Print 05348	PLEASE PRINT CLEARLY	
Agenda No.	Name OUT CIPACIONAL SANDERS 1337 Jenuly 5  Madwon 537	1/ 1/ 1/03
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 organic (If you answered "no," STOP; you need not of who you represent and go on to the next que	complete the rest of this form If you answered "yes," provide the n	ıame
Name, address and telephone number of each	person or organization you are representing:	
<u> EOC</u>		
Are you being paid for your representation?	☐ Yes 🖟 No	<del></del> .
Are you appearing as part of your other paid d (If you answered "no," STOP; you need not a question)	uties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the	next
	non Council) 5 minutes 3 minutes	

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or municipality or learnmental 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
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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-	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)  Signature
	Drint Nama

Date: 1/16/2007

### **CITY OF MADISON**

Registration Statement -	Common Council COMMITTEE
Please Print 05348	PLEASE PRINT CLEARLY
Agenda No. # ( addending to oath)	Name Daniel L. Ross Address 125 N. Hamilton St Unit 60
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose 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	nization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name
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 complete the rest of this form If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes

	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 be 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
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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.)
	등 전 보다 하는 소리되는 말을 하는 것이라는 보다는 보고 보는 사람들은 보고 모르는 것을 하는 것이 없는 것이다. 사람들은 것이 하는 것은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들
Date	Signature
	Print Name

Date:	MN	10	
	1.1.1		

# CITY OF MADISON

Registration Statement	Common Council COMMITTEE
Please Print	
05348	PLEASE PRINT CLEARLY
	Name DLNNA Prot
Agenda No.	Address lole Mudota (+ Apt 40
	Malison, W1 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
Treitaer Support Ivor Opposi	
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 q	complete the rest of this form. If you answered "yes," provide the name
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," STOP; you need not question)	duties for this person or organization? Yes And You complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes
Other Items	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
. • .	wered "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)
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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 City-County Building, Madison, for more information)
Date	Signature
	Print Name