07963

Date: $\sqrt{2-4-0}$

CITY OF MADISON

Registra	tion Statement -	COMMITTEE	Juncu		<u> </u>
	,	COMMITTEE			
Please Print		•	•		
		PLEASE	PRINT NAME CLEA	ARLY	
Agenda No{{{{\{\!	2	NameAddress	Roxie s	54:24	MAN
Please check the ap	propriate box:		Please check th	e appropriate	box:
Support	ı		☐ Wish to spea	ak	
Oppose		AND	Do not wish		
	ا upport Nor Oppos		Available to	answer question	ons
	-		•		
(If you answered "n of who you represen	you representing an orga o, " STOP; you need no t and go on to the next of elephone number of eac	t complete the rest c question)	of this form. If you ansv	verea "yes, pi	rovide the 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 o," STOP; you need no	l duties for this pers of complete the rest	on or organization? of this form If you ans		No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	; : : ::::::::::::::::::::::::::::	minutes		

		cted official or employee ental body?	who is appearing	solely on behalf of you	r office or for your Yes	municipality or No
		ed "yes" to the question, S u answered "no" to the qu			this form, except tha	at you must sign
If you a that:	are bein	ng paid for your represent	tation, or if your	appearance is part of o	ther paid duties, ple	ease be advised
	1.	Before you engage in lob with the City Clerk	bying as a lobby	ist, you or your principa	al must file an autho	rization
	2	Your principal is not per City Clerk	mitted to authori	ze yoù to lobby unless	you are registered v	with the
	3.	If your principal spends of period (half year), the premainder of the calendar	orincipal must fil		-	. ~
		the City Clerk's website ne City-County Building, M			nl or go to the Cl	erk's Office at
Date _	12	-4-02	Signature Print Name	Roxie	S. Hill F. L.MA	Man

	Date: 12/04/2007
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY Name ETHAN KENT
Agenda No	Address 408 East Wilson St Masison in 53703
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	,
At this meeting are you representing an org (If you answered "no," STOP ; you need no of who you represent and go on to the next	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	? Yes No
Are you appearing as part of your other pair (If you answered "no," STOP ; you need no question)	id duties for this person or organization? Yes No 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

Speaking Limits:

		cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
		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 that:	are beir	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 ne City-County Building, Madison, for more information.)
Date _		Signature
		Print Name

Date:	DEC	4.	20	07

CITY OF MADISON

Registrati	on Statement	Common C	ouncil		
Please Print			PRINT NAME CLEAR	LY	
Agenda No		Name Address	408 E. WILSON	<u>.</u> .	
Please check the app	ropriate box:		Please check the a	ıppropriat	e box:
Support Oppose Neither Su	pport Nor Oppos	AND e	Wish to speak Do not wish to Available to an		ions
(If you answered "no,	ou representing an orga "STOP; you need not and go on to the next q	t complete the rest	n other than yourself: of this form If you answer	Yes yed "yes," p	No provide the name
Name, address and tel	ephone number of eac	h person or organi:	zation you are representing	; :	
				<u> </u>	
Are you being paid fo	r your representation?			Yes	O No
	part of your other paid " STOP; you need no		son or organization? of this form. If you answe	☐ Yes red "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes		

		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, 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 that:	are be	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: 12-4-07

CITY OF MADISON

Registration Statemen	t - Common Council
Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 12 Fullfaul	Name KOSEMARY LEE Address III W WILSON MADTSON 53703
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Op At this meeting are you representing an (If you answered "no," STOP; you nee of who you represent and go on to the n	organization or a person other than yourself: Yes No d not complete the rest of this form If you answered "yes," provide the name
	f each person or organization you are representing:
Are you being paid for your representate Are you appearing as part of your other (If you answered "no," STOP; you need question)	ion? Yes No paid duties for this person or organization? Yes No not complete the rest of this form If you answered "yes," go on to the next
Information Hea	(Common Council) 5 minutes aring 3 minutes 3 minutes

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental 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 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.
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

CITY OF MADISON

Registration	n Statement	Common Cou	ıncil		
, Ç		COMMITTEE			
Please Print		PLEASE PI	RINT NAME CLEA	ARLY .	1,
Agenda No. 1206	5	Name	amiz 11 1215 Be	mlar Lur M	11/C 3+#3 NIS320
Please check the appro	opriate box:		Please check the	e appropriate	e box:
Support Oppose Neither Sup	port Nor Oppos	AND	☐ Wish to spea☐ Do not wish☐ Available to		ions
At this meeting are you (If you answered "no," of who you represent ar	STOP; you need not	t complete the rest of t	ther than yourself: this form. If you answ	☐ Yes vered "yes," p	☐ No orovide the name
Name, address and telep	phone number of each	h person or organizati	on you are representi	ng:	
CAT ON	aunul I	ssue Cumm	itue_		
Are you being paid for	your representation?			Yes	No
Are you appearing as partial (If you answered "no," question)	art of your other paid 'STOP; you need no	duties for this persor t complete the rest of	n or organization? this form. If you ansi	☐ Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing	nmon Council)5 n	ninutes ninutes ninutes		•

		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 that:	are bei	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 Amus Inc. (AVIII)

Date: 12-4-07

CITY OF MADISON

Registration Statement - Common Council

	COMIN	/IIIIEE			•
Please Print		PLEASE PF	RINT NAME-CLEA	RLY	
Agenda No. 12		Name Address	net VR 01 Aco Mod 500	JAK	3717
Please check the appro	priate box:		Please check the	appropriate	box:
At this meeting are you (If you answered "no," of who you represent an	port Nor Oppose representing an organization STOP; you need not completed go on to the next question whome number of each person	lete the rest of t	ther than yourself: his form. If you answ	to speak answer questic Yes ered "yes," pr	V No
Are you being paid for	your representation?			Yes	☐ No
Are you appearing as pa (If you answered "no," question)	art of your other paid duties STOP; you need not compl	for this person lete the rest of	or organization? this form. If you ansv	☐ Yes vered "yes," g	No No on to the next
	Public Hearing (Common C Information Hearing				

**		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)
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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 the City-County Building, Madison, for more information)
Date _		Signature
		Print Name

		Date:
		CITY OF MADISON
Registrat	tion Statement -	Common Council
Please Print Agenda No.		PLEASE PRINT NAME CLEARLY Name Man Brink Address 7230 E. Valley ridge & Madison, Wi 53719
Please check the ap	propriate box:	Please check the appropriate box:
At this meeting are y (If you answered "n of who you represen	o," STOP; you need no t and go on to the next	anization or a person other than yourself: Yes No st complete the rest of this form. If you answered "yes," provide the name
Are you being paid	for your representation	Yes No
Are you appearing a (If you answered "n question)	ns part of your other pai no," STOP; you need n	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
Speaking Limits:		mmon Council) 5 minutes 3 minutes

	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, STOP. 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)
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Date	Signature
	Print Name