Date: 3/0/05

City of Madison Registration Statement - Common Council

Please Print						
Agenda No.		Name Address	RICH 1625 MAL	ARD CA DISC	WM. PITHO W, W	KING LAVE TS37
Please check the ap	ppropriate boxes:					
At this meeting are (If you answered ", question)	wish to speak ole to answer questions you representing an organiz no," STOP; you need not co	omplete the rest	☐ Do 1 ☐ Ava n other than you of this form If	sh to speak not wish to tilable to an urself: you answe	o speak nswer questi Yes red "yes," g	□ No
Name, address and	telephone number of each pe	erson or organiz	ation you are re	presenting	5	
Are you being paid	for your representation?				☐ Yes	
Are you appearing a (If you answered "r question)	as part of your other paid dut no," STOP; you need not co	ties for this pers mplete the rest	on or organization of this form. If y	ion? vou answe)	☐ Yes red "yes," g	□ No o on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items					

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other 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 b that:	ing paid for your representation, or if your appearance is part of other paid duties, do you understand
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 the principal is registered with the City Clerk?
3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 3/1/05

City of Madison Registration Statement - Common Council

Please Print					
Agenda No. //			etricea y 40 Capit redison	Koe al. (WI.	neche Inc 53705
Please check the appro	opriate boxes:				
	eak sh to speak to answer questions		Oppose the Wish to speak Do not wish to Available to an	> speak	
(If you answered "no, question)	u representing an organiza "STOP; you need not con	nplete the rest of th	is form. If you answei		MNo "go on to the next
Are you being paid for	your representation?			☐ Yes	□ No
Are you appearing as p (If you answered "no, question)	eart of your other paid duti 'STOP; you need not con	es for this person or aplete the rest of thi	organization? s form If you answer	Yes ed "yes,"	☐ No ' go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 min	utes		

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	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:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand
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	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date:	3/	11	105	
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Please Print				/ y 9 $+$
Agenda No. /	(Capible Are)	Name Address	Dougles F	re
Please check the ap	propriate boxes:			
	speak wish to speak le to answer questions		Oppose Wish to speak Do not wish to speak Available to answer qu	
	you representing an organize, "STOP; you need not co		er than yourself: Yes s form If you answered "ye.	
Name, address and	telephone number of each p	erson or organization	you are representing:	
Are you being paid	for your representation?		☐ Yes	□ No
	s part of your other paid du o," STOP; you need not co		organization?	
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minu	ites	

Are you an electronic governmental bo	cted official who is appearing solely on behalf of your office or for your municipality or other ody?
	l "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign answered "no" to the question, go on to the next question)
If you are being that:	paid for your representation, or if your appearance is part of other paid duties, do you understand
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization vith the City Clerk? \(\sum \sum \text{No}\) No
	Your principal is not permitted to authorize you to lobby unless the principal is registered vith the City Clerk? \square \text{\square} No
p	f your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
	l "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's '03 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: March 1, 2005

City of Madison Registration Statement - Common Council

Please Print		
Agenda No		Name Victoria Tryllo Address 1609 (apital for Madisan WI 53705
Please check the app	propriate boxes:	I opposed to the currentp
	speak vish to speak e to answer questions	☐ Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
(If you answered "n question)	o," STOP; you need not co	ation or a person other than yourself: Yes No mplete the rest of this form If you answered "yes," go on to the next erson or organization you are representing:
Are you being paid t	for your representation?	☐ Yes ☐ No
		ies for this person or organization? Yes No mplete the rest of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes

Are you an governments	elected official who is appearing solely on behalf of your office or for your municipality or other al 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)
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? \square \text{To No}
2.	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 3-0/-05

City of Madison Registration Statement - Common Council

Please Print				
Agenda No		Name <u>Ja</u> Address <u>///</u>	nbara Won 49 Capians Padison, Wi	pperst. Ane
		<u> </u>	Padison, Wi	! 53705
Please check the ap	propriate boxes:			
	o speak wish to speak ole to answer questions		Oppose Wish to speak Do not wish to spea Available to answer	${f k}$
	you representing an organiz no," STOP; you need not co			and the contract of the contra
Name, address and	telephone number of each p	erson or organization	1 you are representing:	
Are you being paid	for your representation?			∕es □ No
	as part of your other paid du no, "STOP; you need not co			· · · · · · · · · · · · · · · · · · ·
Speaking Limits:	Public Hearing Information Hearing Other Items	5 min	utes	

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
	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:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand
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Date	Signature
	Print Name

Please Print				
Agenda No.	//	Name Address	Michael Lom 1648 Capita	peus ki
Please check the app	ropriate boxes:			
	peak ish to speak e to answer questions	Δ	Oppose Wish to speak Do not wish to speak Available to answer que	
(If you answered "no question.)	ou representing an organize, "STOP; you need not contact the lephone number of each p	omplete the rest of thi	er than yourself: Yes s form If you answered "yes, you are representing:	No," go on to the next
Are you being paid fo	r your representation?		☐ Yes	Ď No
Are you appearing as (If you answered "no question)	part of your other paid du "STOP; you need not co	ties for this person or emplete the rest of this	organization?	☐ No " go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minu	ıtes	

Are you an el governmental l	lected official who is appearing solely on behalf of your office or for your municipality or other body?
S P W. I S S S S S S S S S S S S S S S S S S	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, do you understand
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	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's a 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	2/	1 /	/
Date:	> (1	105	

You must register before the Council considers your item.

Please Print	
	Name U2 Freetich
Agenda No. 1 (Coynal Hu	Name U2 Freetich Address 1656 Capital Ave Mad (son)
	Madison
Please check the appropriate boxes:	
Support	Oppose The current plans
Wish to speak	Wish to speak
Do not wish to speak	Do not wish to speak
Available to answer questions	Available to answer questions
At this meeting are you representing an organizat (If you answered "no," STOP; you need not comquestion.) Name, address and telephone number of each per	uplete the rest of this form. If you answered "yes," go on to the next
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not comquestion)	es for this person or organization? Yes No plete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing	5 minutes

Information Hearing5 minutesOther Items3 minutes

Are you an elected official governmental body?	who is appearing solely on behalf of your or	ffice or for your municipality or other Yes No
	e question, STOP. You need not complete the resnown to the question, go on to the next question)	st of this form, except that you must sign
If you are being paid for youthat:	ur representation, or if your appearance is part	of other paid duties, do you understand
1 Before you en with the City	ngage in lobbying as a lobbyist, you or your prin Clerk?	ncipal must file an authorization Yes No
2 Your principal with the City	al is not permitted to authorize you to lobby u Clerk?	nless the principal is registered Yes No
period (calen	ipal spends or will owe more than \$500 for lob dar quarter), the principal must file expense sta g quarters of the calendar year?	
	y of the last three questions, please call the City ty-County Building, Madison, for more informati	
Date	Signature	
	Print Name	

Date: 3/1/2005

City of Madison Registration Statement - Common Council

Please Print					
Agenda No. //	CAPITAL	Name (BARBAR 1613 CA	L JOH PITA	HNSON
Please check the app	propriate boxes:				
At this meeting are (If you answered "n question.)	speak wish to speak le to answer questions you representing an organiz to, "STOP; you need not contected."	mplete the rest of	ther than yourself: this form If you an	o answer ques Tyes swered "yes,'	stions No
Are you being paid	for your representation?			Yes	₽No
	s part of your other paid dut o, " STOP; you need not co				☑No ' go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items		and the second of the second o		

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	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:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?
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	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	You must register l	before the Council considers you	r item.
Please Print			
Agenda No.		Name KAthleen Address 1643 CAP MADISOT	
Please check the app	propriate boxes:		
Availabl	vish to speak le to answer questions	Oppose Wish to Do not we will describe the content of the con	speak vish to speak e to answer questions f:
(If you answered "n question)	o," STOP; you need not con	nplete the rest of this form. If you i	answered "yes," go on to the next
Name, address and t	elephone number of each per	rson or organization you are repres	enting:
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 duti o, "STOP; you need not con	es for this person or organization? uplete the rest of this form If you a	Yes No No Inswered "yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes	

Are you an e governmental	elected official who is appearing solely on behalf of your office or for your municipality or other 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:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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Date	Signature
	Print Name

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Date:	: 1		1	

Please Print					
Agenda No. //		Name Address	tam 1 1621 (Pash Capit	
Please check the appi	ropriate boxes:				
At this meeting are yo (If you answered "no question)	peak ish to speak to answer questions ou representing an organiza "STOP; you need not con lephone number of each pe	mplete the rest of ti	his form. If you ans	Yes swered "yes,'	⊠ No
Are you being paid fo	n your representation?			☐ Yes	⊠No
	part of your other paid dut, "STOP; you need not con				
Speaking Limits:	Public Hearing Information Hearing Other Items	5 mir	nutes		

Are you an governmenta	lected official who is appearing solely on behalf of your office or for your municipality or other body?
	ed "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 bo that:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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Date _	Signature
	Print Name

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Date:	 ŧ.		٠.	100	į	À	:	٠.:	, i .	ď		Ė,	ì	٠.

Please Print			101	
Agenda No.		lame ()	(Sand	Trom
Please check the appropriate bo)Xes:			
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At this meeting are you represe (If you answered "no," STOP; question)	nting an organization or you need not complete	a person other that the rest of this for	in yourself: m If you answered '	Yes
Name, address and telephone m	umber of each person of	r organization you		
Are you being paid for your rep	resentation?			Yes Mo
Are you appearing as part of yo (If you answered "no," STOP; question)				
Speaking Limits: Public H Informat	tion Hearing	5 minutes 5 minutes		

Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other body?
TO THE RESERVE OF THE PARTY OF	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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or war war and the contract of	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	3	7//	//	25		
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Agenda No.	Cap. Ave	Name Alexander Shashko Address 13 Veb len Place Madison, WI 53705
Please check the app	propriate boxes:	
At this meeting are y (If you answered "n question)	wish to speak le to answer questions you representing an organiz o, "STOP; you need not co	Oppose Wish to speak Do not wish to speak Available to answer questions ation or a person other than yourself: Yes mplete the rest of this form If you answered "yes," go on to the next
Are you appearing as	or your representation? s part of your other paid dut o, "STOP; you need not co	☐ Yes ☐ No ies for this person or organization? ☐ Yes ☐ No mplete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes

Are you an egovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?				
	ed "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:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand				
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Date	Signature				
	Print Name				

Date:	3/1	10.	<u></u>	•
Louis .				

Please Print					
Agenda No. 1	CAPITAL DUE	Name	MICHAEL 1667 CAR MADISON		=YLEZ AVE #ZZ
			MADISON	W	53705
Please check the app	ropriate boxes:				
	speak rish to speak e to answer questions		Oppose Wish to spe Do not wish Available to		estions
	ou representing an organi o, "STOP; you need not c				No No go on to the next
Name, address and to	lephone number of each p	oerson or organiza	tion you are represent	ting:	
Are you being paid for	or your representation?			☐ Yes	□No
Are you appearing as (If you answered "no question)	part of your other paid du," STOP; you need not co	ities for this perso complete the rest of	n or organization? f this form If you ans	☐ Yes wered "yes,	
Speaking Limits:	Public Hearing	5 1	ninutes		
	Information Hearing	5 1			
	Other Items		ninutes		

Are you an e governmental	elected official who is appearing solely on behalf of your office or for your municipality or other 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 beithat:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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Date	Signature
	Print Name

Date: 3/1/05

City of Madison Registration Statement - Common Council

Please Print		
Agenda No.	1 Cooth	Name Alism Cray Address Address Madison WI
Please check the ap	propriate boxes:	
	speak wish to speak le to answer questions	Oppose Wish to speak Do not wish to speak Available to answer questions
(If you answered "n question)	o," STOP; you need not compl	n or a person other than yourself: Yes No lete the rest of this form. If you answered "yes," yo on to the next no organization you are representing:
Are you being paid	for your representation?	☐ Yes 🗀 No
Are you appearing a (If you answered "n question)	s part of your other paid duties o," STOP; you need not compl	for this person or organization? Yes No ete the rest of this form. If you answered "yes, go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	

Are you an elected official who is governmental body?	appearing solely on behalf of your office or for your municipality or other Yes No
	n, STOP. You need not complete the rest of this form, except that you must sign e question, go on to the next question.)
If you are being paid for your reprethat:	entation, or if your appearance is part of other paid duties, do you understand
Before you engage in with the City Clerk?	lobbying as a lobbyist, you or your principal must file an authorization Yes No
Your principal is no with the City Clerk?	permitted to authorize you to lobby unless the principal is registered Yes No
period (calendar qua	ds or will owe more than \$500 for lobbying services in any reporting ter), the principal must file expense statements with the City Clerk for of the calendar year?
	ast three questions, please call the City Clerk at 266-4601 or go to the Clerk's v Building, Madison, for more information)
Date	Signature
	Print Name

Date: 3-1-05

City of Madison Registration Statement - Common Council

Please Print						
		Name	MARY	LIN	Quis7	3705
Agenda No//		Address	5809	Ju	iA 51	
			MADI	Son	Wis	3705
Please check the appro	opriate boxes:					
Support Wish to sp Do not wis Available	eak sh to speak to answer questions			Wish to spe Do not wis		stions
(If you answered "no, question)	u representing an organizatio "STOP; you need not composite phone number of each person	lete the rest	of this form	If you ans	swered "yes,	□ No " go on to the next
	IN Support-					
Are you being paid for	your representation?				☐ Yes	∕₽No
Are you appearing as p (If you answered "no, question)	part of your other paid duties 'STOP; you need not compl	for this persete the rest	son or organi of this form	zation? If you ans	☐ Yes wered "yes,	No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	tannan inni innin	minutes			

Are you an egovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other 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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Date	Signature
	Print Name

Date: 3/1/05

City of Madison Registration Statement - Common Council

Please Print					
Agenda No.		Name C	5869 Ju 4ADISON,	6,000 6,000 01:	013 5. 53705
Please check the app	ropriate boxes:				
At this meeting are y (If you answered "no question)	speak vish to speak e to answer questions ou representing an organiza o, "STOP; you need not co	mplete the rest of	other than yourself: this form If you an.	h to speak o answer ques Yes swered "yes,'	∠ No
Are you being paid fo	or your representation?			☐ Yes	(X No
	part of your other paid dut," STOP; you need not con			Yes wered "yes,"	No go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items	5 m	ninutes		

Are you an egovernmental	elected official who is appearing solely on behalf of your office or for your municipality or other body?
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	red "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's in 103 of the City-County Building, Madison, for more information.)
Date <u>3/</u> /	1/05 Signature Jany
	Print Name GANG E. KINDOUS

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Please Print		
		Name Margaret Mayer Address 5801 Julia St Malison Wi 53707
Agenda No.		Address 5801 Julia St
		Malison W1 53707
Please check the ap	propriate boxes:	
Support		Oppose
Wish to		Wish to speak
	wish to speak le to answer questions	Do not wish to speak
	ic to answer questions	Available to answer questions
question)		omplete the rest of this form. If you answered "yes," go on to the next erson or organization you are representing:
Are you being paid:	for your representation?	☐ Yes ☐ No
Are you appearing a (If you answered "n question)	s part of your other paid du o, "STOP; you need not co	ties for this person or organization? Yes No mplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing	5 minutes
	Information Hearing	5 minutes
	Other Items	3 minutes

Are you an governmenta	lected official who is appearing solely on behalf of your office or for your municipality or other body?
	ed "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:	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's I 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

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Please Print		
		Name <u>Janice Fjellman</u> Address <u>5810 Julia St</u>
Agenda No.		Address 5810 Julia St
		Madison W1 53705
Please check the ap	propriate boxes:	
	o speak wish to speak ble to answer questions	Oppose Wish to speak Do not wish to speak Available to answer questions
At this meeting are (If you answered "question.)	you representing an organization," STOP; you need not co	ation or a person other than yourself: Yes No mplete the rest of this form. If you answered "yes," go on to the next
Name, address and	telephone number of each pe	erson or organization you are representing:
Are you being paid	for your representation?	☐ Yes 👿 No
Are you appearing a (If you answered "r question)	ns part of your other paid dut to," STOP; you need not con	ties for this person or organization? Yes No mplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing	
	Information Hearing	
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Date	Signature
	Print Name

Date:		14.1	No. 17%	
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		Name	DON REEDER
Agenda No.		Address	5 VEBLEN BL
Please check the ap	propriate boxes:		
At this meeting are (If you answered "rquestion)	wish to speak le to answer questions you representing an organiz	omplete the rest of	this form. If you answered "yes," go on to the next
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Speaking Limits:	Public Hearing Information Hearing Other Items	5 mi	nutes nutes nutes

Are you an ogovernmental	ected official who is appearing solely on behalf of your office or for your municipality or other body?	Ħ
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Date	Signature	
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Please Print			
		Name Gerald Lindar Address 1643 Copital Avenue Madism Ave	
Agenda No.		Address 1643 Copital Avenue	
		- Madisan Ave	
Please check the ap	propriate boxes:		
☐ Support		Oppose	
Wish to	speak	☐ Wish to speak	
	wish to speak	Do not wish to speak	
∐ Availab	le to answer questions	Available to answer questions	
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Are you being paid	for your representation?	\square Yes \square No	
Are you appearing a	s part of your other paid duty	es for this person or organization? Yes No	
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Speaking Limits:	Public Hearing	5 minutes	
	Information Hearing	5 minutes	
	Other Items	3 minutes	

Are you an ele- governmental bo	cted official who is appearing solely on behalf of your office or for your municipality or other ody?
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Date	Signature
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Agenda No		Name Judy As Address 1602 CAP MADISM	pi NWA tal A	<u>U</u> v
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Are you being paid fo	r your representation?		☐ Yes	□ No
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Speaking Limits:	Public Hearing Information Hearing Other Items			

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
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the state of the s	vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 3/1/05

City of Madison Registration Statement - Common Council

Please Print		
Agenda No //		Name Jill Robinson Wren Address 1622 Capital Aug Marison
		Marijon
Please check the ar	opropriate boxes:	
	o speak wish to speak ole to answer questions	Oppose the Current plan Wish to speak Do not wish to speak Available to answer questions
At this meeting are (If you answered "i question)	you representing an organization," STOP; you need not co	ttion or a person other than yourself: Yes No mplete the rest of this form. If you answered "yes," go on to the next
Name, address and	telephone number of each pe	rson or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
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Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
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Date	Signature
	Print Name

Date: March 1, 2005

City of Madison Registration Statement - Common Council

Please Print		
Agenda No. /	/	Name Christopher G. Wren Address 1622 Capital Avenue Malison, WI 53705-1228
Please check the ar	ppropriate boxes:	
At this meeting are (If you answered ", question)	wish to speak ole to answer questions you representing an organization," STOP; you need not co	Oppose the Current plan Wish to speak Do not wish to speak Available to answer questions ation or a person other than yourself: Yes No mplete the rest of this form. If you answered "yes," go on to the next erson or organization you are representing:
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Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes 5 minutes 3 minutes

Are you ar governmen	elected official who is appearing solely on behalf of your office or for your municipality or other al body?
1	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 l that:	being paid for your representation, or if your appearance is part of other paid duties, do you understand
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? \(\sum \sum \text{No}\)
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Date	Signature
	Print Name

Date: 3/1/05

City of Madison Registration Statement - Common Council

Please Print			
Agenda No.		Name Address	eal L. McDuffin 1656 Capital Our Madison,
Please check the ap	propriate boxes:		
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Are you being paid	for your representation?		☐ Yes ☐ No
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Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other lbody?
	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.)
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Date	Signature
	Print Name

Date: 3///05

City of Madison Registration Statement - Common Council

Please Print			
Agenda No.		Name Larry Dash Address 1621 Capital Ave Madison, W1	
Please check the ap	propriate boxes:		
At this meeting are (If you answered "in question.)	wish to speak ble to answer questions you representing an organiza so, "STOP; you need not co	Oppose The current plan Wish to speak Do not wish to speak Available to answer questions Tion or a person other than yourself: Yes No applete the rest of this form. If you answered "yes," go on to the r son or organization you are representing:	<i>next</i>
Are you being paid	for your representation?	☐ Yes ☐ No	
Are you appearing a (If you answered "n question.)	ns part of your other paid dut to," STOP; you need not con	es for this person or organization?	ext
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes	

Are you governr	the state of the state of	lected official who is appearing solely on behalf of your office or for your municipality or other body?
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If you a that:	re beir	ng paid for your representation, or if your appearance is part of other paid duties, do you understand
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	300 100 100 100 100 100 100 100 100 100	ed "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's n 103 of the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: 3-1-05

City of Madison Registration Statement - Common Council

Please Print				
Agenda NoG	p Ive	Name Address	Teanee + Brian 1630 Capital Madison, Wi	Linden Avenue
Please check the app	propriate boxes:		Tiwaison, wi	
At this meeting are y (If you answered "naquestion)	vish to speak e to answer questions ou representing an organiz o, "STOP; you need not co	mplete the rest of th	is form. If you answered "y	questions es VNo
Name, address and to	elephone number of each po	erson or organization	you are representing:	
Are you being paid f	or your representation?		Y6	es 🔲 No
Are you appearing as (If you answered "no question.)	part of your other paid dut b," STOP; you need not co	ies for this person or mplete the rest of thi	organization? Yes You answered "you answered"	es," go on to the next
Speaking Limits:	Public Hearing Information Hearing Other Items		utes	

Are you an e governmental	ected official who is appearing solely on behalf of your office or for your municipality or other body?
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Speaking Limits:	Public Hearing Information Hearing Other Items	5 mi	nutes nutes nutes		

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Date	Signature
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Are you being paid	for your representation?		☐ Ye	s 🔲 No
	s part of your other paid duro," STOP; you need not co			
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minu	ites	

Are you an government	lected official who is appearing solely on behalf of your office or for your municipality or other body?
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Date	Signature
	Print Name

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Date:	4.	1.5	100				

Please Print					
Agenda No		NameAddress	EMNA S 1625 BA MARISON	TROWL TICER A	5 3705
Please check the ap	propriate boxes:				
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Name, address and	telephone number of each p	erson or organiza	tion you are represen	ting:	
Are you being paid	for your representation?			☐ Yes	□ No
	s part of your other paid du co," STOP; you need not co			☐ Yes swered "yes,'	☐ No ' go on to the next
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Are you an governmenta	elected official who is appearing solely on behalf of your office or for your municipality or other body?
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Date	Signature
	Print Name

	L.		
Date: ろ/	Film	Z Z	
Date:		>	

Please Print		
		Name Jenny Fellman
Agenda No.		Address 5810 Julia St
		Name Jenny Fellman Address 5810 Julia St Madison W1 53705
Please check the ap	propriate boxes:	
Support Support		Oppose
Wish to	speak	☐ Wish to speak
	wish to speak	Do not wish to speak
	ole to answer questions	Available to answer questions
Traine, address and	terephone number of each po	erson or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
		ties for this person or organization?
Speaking Limits:	Public Hearing	5 minutes
	Information Hearing.	
	Other Items	3 minutes

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Date	Signature
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Agenda No		Name	5818 1	nellar uliafst on 537	pp. delate
Please check the ap	opropriate boxes:				
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Are you being paid	for your representation?			□ Yes □ N	0
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	Information Hearing Other Items		化环 医肾髓 医肾髓管 医皮肤病 医皮肤 克里特		

Are you an e governmental	elected official who is appearing solely on behalf of your office or for your municipality or other 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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Date	Signature
	And the state of the Print Name of the State