	Date: 1-16-06
	CITY OF MADISON
	Common Council
Please Print 65159	PLEASE PRINT CLEARLY
	Name Scot Walk
Agenda No. 56	Address 334 16th St NE
	Name Scott Warren Address 334 16th St NE Washington, DC
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 organiz (If you answered "no," STOP ; you need not co of who you represent and go on to the next ques	mplete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each pe	erson or organization you are representing:
_Sudan Divestment Task	Force
Sudan Divestment Task 1333 H St NW	
Washirton DE, 20005	908-279-3287
Are you being paid for your representation?	☐ Yes 🔀 No
Are you appearing as part of your other paid dur (If you answered "no," STOP; you need not co question)	ties for this person or organization? Yes No mplete 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:

-	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)
If you are t 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
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	-	0	7	٠.,	1
							_

CITY OF MADISON

COM	MITTEE
Please Print 0 - 1 - 9	
05 15 1	PLEASE PRINT CLEARLY
	Name Branton Kunz Address 1629 Jefferson St. #2 Madison St. #2
Agenda No. <u>>6</u>	Address 1629 Jefferson St. #2
	Madison St. #2
Please check the appropriate boxes:	
⊠ Support	and 🔀 Wish to speak
Oppose	☐ Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organization (If you answered "no," STOP ; you need not complete of who you represent and go on to the next question	ete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each perso	n or organization you are representing:
Action in Sudan - UW 608,658.2956 (sam	-Madison
608,658.2956 (sam	e address)
Are you being paid for your representation?	☐ Yes XNo
Are you appearing as part of your other paid duties (If you answered "no," STOP ; you need not comple question.)	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 (Common Conformation Hearing) Other Items	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)
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)
Date	Signature
	and the state of t

	Date: 1-16-07
	CITY OF MADISON
Registration Statement	Common Council
Please Print 05159	PLEASE PRINT CLEARLY
Agenda No. <u>56</u>	Name Ryan Pfeffer Address 615 N Carrel St Madison WI 53705
Please check the appropriate boxes:	Madison NL 35/03
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 organ (If you answered "no," STOP ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each Action In Sudan	person or organization you are representing:
507 469 - 4053	
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

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

Speaking Limits:

_	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
. •	wered "yes" to the question, STOP. 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 that:	being 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 City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	1-16-07		

CITY OF MADISON

Registration Statement -	Common Council
Please Print	
05159	PLEASE PRINT CLEARLY
	Name Neal Styka
Agenda No. 56	
1999年,1998年,1998年,1998年	Address 1629 Jefferson St#2 Madison
Please check the appropriate boxes:	
⊠ Support	and Wish to speak
Oppose	
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ	
of who you represent and go on to the next qu	complete the rest of this form If you answered "yes," provide the name uestion)
Name, address and telephone number of each	person or organization you are representing:
Action IN Sudan	
Are you being paid for your representation?	∏ Yes ⊅ No
Are you being paid for your representation?	☐ Tes ∠ No
Are you appearing as part of your other paid	
(If you answered "no," STOP ; you need not question)	complete the rest of this form If you answered "yes," go on to the next
question)	
	mon Council)5 minutes
	3 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, 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 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 the City-County Building, Madison, for more information)
Date	Signature
	Print Name

	Date:
	CITY OF MADISON
Registration Statement -	Common Council
Please Print 05159	PLEASE PRINT CLEARLY
	Name SACHIN BHHEDA
Agenda No. 50	Address 2472 S. Graham St.
	Name SACHIN RHHEDA Address 24+2 S. Graham St. Milweuker, wi 53207
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐Available to answer questions
☐ Neither Support Nor Oppose	The state of the s
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	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
DARFUR ACTION COP	ILITION OF WISCONIN
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 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?
	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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Date	Signature
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