Date: $\frac{3}{27}/\frac{3007}{3007}$

Registration :	and the second s	ommon Col	<u>uncil</u>			
Please Print 05	736		NT CLEARLY			
7		Name	001:05	chine	der	
Agenda No.		Address 2	e8lie & 13 S. E	201/04	1	
			Jadisor)3
Please check the appropria	te boxes;		()			
Support		and				
Oppose N. 41 C.				ot wish to spe able to answe		ons
Neither Suppo						
At this meeting are you rep (If you answered "no," ST of who you represent and g	OP; you need not com	iplete the rest of	other than your this form. If yo	self: u answered		No No ovide the name
Name, address and telepho	ne number of each per	son or organizat	ion you are rep	resenting:		
Are you being paid for you	r representation?				Yes	□No
Are you appearing as part of (If you answered "no," ST question)	of your other paid duti OP; you need not con	es for this person aplete the rest of	n or organization of this form. If yo		Yes "yes," g	☐ No o on to the next
	olic Hearing (Common					
	ormation Hearing	化多硫化物 电流流 化氯化物 医血液	ninutes ninutes			

Are you an elother governn	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 are bei 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.
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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
	Print Name

Date: 3/27/07

Registrati	on Statement -	Common Co	uncil	
Please Print	05736	PLEASE PR	INT CLE	ARLY
		Name	NICK	SCHROEDER
Agenda No.	8	Address	213	SCHROEDER S BALDWIN ST
Please check the appro	opriate boxes:			
Support Oppose Neither Su	pport Nor Oppos	an. Se		Wish to speak Do not wish to speak Available to answer questions
At this meeting are yo (If you answered "no, of who you represent	" STOP; you need no	t complete the rest of	other tha	nn yourself:
Name, address and tel	ephone number of eac	ch person or organizat	ion you	are representing:
Are you being paid fo	r your representation?			☐ Yes ☐ No
Are you appearing as (If you answered "no, question)				anization?
Speaking Limits:	Information Hearing	nmon Council) 5 r 3 r 3 r	ninutes	

	lected 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.)
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Date	Signature
	Print Name

Date: Mar 27 2007

Registration	on Statement	Common Co	uncil		
Please Print () Agenda No.	5736	PLEASE PR	INT CLEARLY ゴーム - メ4ロム	Jankin Volcita	on Dai
Please check the appro	priate boxes:				
Support Oppose Neither Sup	oport Nor Oppose	an B		beak sh to speak to answer questi	ons
At this meeting are you (If you answered "no, of who you represent a	' STOP; you need not	complete the rest of	other than yourself: this form If you an	Yes ywered "yes," p	□ No wovide the name
Name, address and tele	ephone number of each	1 person or organiza	tion you are represe	nting:	
Are you being paid for	your representation?			☐ Yes	₩ 0
Are you appearing as partial (If you answered "no, question)					No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing		minutes minutes		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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, please be advised $\mathcal{M}\mathcal{O}$
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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 he City-County Building, Madison, for more information)
Date <u>M</u>	27 2006 Signature John Grankerns
	Print Name John 1 - Joulin

Date: $\frac{3}{7}$

Registration		nmon Cour	ncil		
Please Print 6 Agenda No.	5136 Censerv Brot	PLEASE PRINT Name Address		Budzi gmond p	szewski Col
Please check the appropria Support Oppose Neither Suppo	ate boxes: ort Nor Oppose	and		speak wish to speak le to answer que	stions
At this meeting are you re (If you answered "no," State of who you represent and	T OP; you need not comple	te the rest of th			
Name, address and telepho	one number of each persor	ı or organizatior	ı you are repre	senting:	
Orchard F	Ridge Com	nun b	, Club	1 (Necs	hbor-hood
Are you being paid for you	ır representation?			☐ Yes	⊠No
Are you appearing as part (If you answered "no," ST question)					
Inf	olic Hearing (Common Co ormation Hearing ner Items	3 min	utes		

ana di Santa da Maria da Santa	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 l 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 City-County Building, Madison, for more information)
Date	3/21/07 Signature Ronald Budziszeeus/Co

Date: 3 2 7 2007

Registration Statement	Common Council
	COMMITTEE
Please Print 6 - 736	
	PLEASE PRINT CLEARLY
	Name Holly DOCKHOLZ
Agenda No.	Address 1328 Ton On Ct
	Address 1 3 10000 A
	Madison, Wi
Please check the appropriate boxes:	
Ticase effects the appropriate boxes.	
Support 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 organ	ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	
Name, address and telephone number of each	person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid of	duties for this person or organization? Yes No
	duties for this person or organization? Yes No complete the rest of this form If you answered "yes," go on to the next
question)	
Speaking Limits: Public Hearing (Communication Hearing	non Council) 5 minutes
Other Itams	3 minutes

		cted official or employee who is appearing solely on behalf of your office or for your municipality or chtal body?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign unanswered "no" to the question, go on to the next question)
If you ar that:	e bein	g 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	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 see City-County Building, Madison, for more information)
Date		Signature
		Print Name

Date: 3-27-07

Registration Statement	Common Council
Please Print 05736	PLEASE PRINT CLEARLY
	Name Mary Denig-Chakroff Address 5305 Whitcomb Dr
Agenda No.	Address 5305 Whitcomb Dr
	Mad.sm 53711
Please check the appropriate boxes:	OPCHARO RIDGE
⊠_ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	$egin{array}{c} oxedsymbol{igspace} \mathbf{A}$ Vailable to answer questions
(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 nuestion) the 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 No to complete the rest of this form. If you answered "yes," go on to the next
	nmon Council) 5 minutes 3 minutes 3 minutes

Are you an el other governn	lected 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 are be that:	ing 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
	in the control of the

Date: 3270	7		
	sjalj	34	

Registration Statement	
Please Print 0 5 7 36	PLEASE PRINT CLEARLY
<u> </u>	Name (and Schaffer
Agenda No.	Address OED CIPNO (1800W)
	Jongy W 53575
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Opp	ose
	ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question)
Name, address and telephone number of e	each person or organization you are representing:
Swart Growth	Madison 600
761 e wash	inertan auc
madison wi	53795
Are you being paid for your representation	n?
Are you appearing as part of your other part (If you answered "no," STOP; you need question)	aid duties for this person or organization? Res No not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (C Information Heari	

Are you an el other governn	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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Date <u>3</u>	27-07 Signature Print Name Carll 5 chaefic

Date: 3/27/07

Registration Statement -	Common Council
Please Print 05736	PLEASE PRINT CLEARLY
	Name JULIA LEC
Agenda No	Address 1620 Places
	사용하는 경기를 받는 것이 되었다. 사용하는 것은 보통하는 것은
Please check the appropriate boxes:	
V Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	Available to answer questions
At this meeting are you representing an organical threat greatered "no." STOP: you need no	anization or a person other than yourself: Yes No No Not complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next	
Name, address and telephone number of each	ch person or organization you are representing:
	전 현실 보다 보는 사람들이 보고 있다. 그런 그런 사람들이 되었다. 그런
Are you being paid for your representation?	Yes No
Are you appearing as part of your other paid	d duties for this person or organization? Yes No
(If you answered "no," STOP ; you need no question)	ot complete the rest of this form. If you answered "yes," go on to the next
를 모든 회사가 보는 아이들은 어린을 가고 하고 있다.	
Speaking Limits: Public Hearing (Cor	
Information Hearing Other Items	g 3 minutes 3 minutes

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No
	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.)
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Date	Signature
	Print Name

Date: 3-27-07

Registrati	on Statement -	Common (Council		
Please Print	05731		PRINT CLEARLY		
	00106	FLEASE	PRINT CLEARLY	D.,	
	2	Name	INGRID T 5310 WE CORCHARD	<u> </u>	
Agenda No.		Address	5316 WE	tit COM?	DEIVE
			ORCHARD	RIDG	E)
Please check the appro	opriate boxes:				
Support			and Wish to sp		
Oppose				ish to speak to answer ques	tions
Neither Su	pport Nor Oppos	e	Avanaoie	to answer ques	Hons
(If you answered "no, of who you represent	" STOP; you need no and go on to the next q	t complete the res uestion)	on other than yourself: t of this form. If you ar ization you are represe	nswered "yes,"	∐No provide the name
Are you being paid fo	r your representation?			Yes	⊠ No
Are you appearing as (If you answered "no, question)	part of your other paid " STOP; you need no	duties for this pe t complete the re	erson or organization? Set of this form If you a	☐ Yes nswered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes		

	lected 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.)
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Date	Signature
	Print Name

Date: March 27, 2007

Registration Stat	ement - Commor	n Council	
Please Print 657	72/	SE PRINT CLEARLY,	
	Name	Dorothy Kroege	2/
Agenda No.	Addre	ss 5/50 Whitcomb	1)1,
Please check the appropriate box	⟨es:	Corchard Ridge	\int_{0}^{∞}
		and Wish to speak	
Oppose		Do not wish to speak	
Neither Support N	or Oppose	Available to answer questions	
(If you answered "no," STOP ; of who you represent and go on Name, address and telephone m	you need not complete the to the next question)	erson other than yourself: Yes Nerest of this form. If you answered "yes," provide ganization you are representing:	the name
Are you being paid for your rep	resentation?	☐ Yes 📈 N	0
Are you appearing as part of yo (If you answered "no," STOP; question)	ur other paid duties for this you need not complete the	s person or organization?	
1	learing (Common Council) tion Hearing		

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Date	Signature
	$\sim 10^{-10}$. The state of the Name $_{\odot}$, and the state of the st

		CITY OF MADISON		
Registrat	ion Statement -	Common Counci		
Please Print C	0573G 8 NCD	PLEASE PRINT C Name	Kha Rummel	
Please check the app	ropriate boxes:			
Support Oppose Neither St	upport Nor Oppos	and >	Wish to speak Do not wish to speak Available to answer que	stions
(If you answered "no of who you represent	o," STOP; you need not t and go on to the next q	nization or a person other templete the rest of this fuestion) h person or organization years.	form. If you answered "yes,'	∑ No ' provide the name
Are you being paid f	for your representation?		☐ Yes	□No
Are you appearing a (If you answered "na question)	s part of your other paid o," STOP; you need no	I duties for this person or o t complete the rest of this	organization?	☐ No " go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		es	

Date: 3-27-07

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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Date	Signature
	Print Name

Date: 3/27/07

Registration Statement -	Common Council COMMITTEE
Please Print 05736	PLEASE PRINT CLEARLY
Agenda No. <u>2 (1)</u> CD)	Name Philip N. Salkin Address 1229 Entenprise Ave
Please check the appropriate boxes:	Mona, Wi 59593
Support Oppose Neither Support Nor Oppos	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need no of who you represent and go on to the next of	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	ch person or organization you are representing:
RASCW	
4801 Forest Run)	$\mathcal{R}_{\mathcal{J}}$
Madison, Wi 53	가게 하는 강화님들 경작의 속으로 바라다. 게 하는 수 등을 만들었다 되는 말은 본지는 도그를 다고 수입
Are you being paid for your representation?	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	d duties for this person or organization? Yes INo of complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Cor Information Hearing Other Items	

Are you an ele other governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental 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 he City-County Building, Madison, for more information.)
Date $\frac{3/3}{}$	7/07 Signature Religion Lylkin Print Name Rilip H. Solkin