Date:	-H	114	106	
- 1 To 1 To 1		· ·		

Please Print	
	PLEASE PRINT CLEARLY
Amendment No. 34-02432	Name <u>Kellee Hanson</u>
Amendment No.	Address 6106 Thornebury Dr
Amendment No.	Madison WI 53719
Amendment No.	
Amendment No.	
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	
Neither Support Nor Oppose	불은 지내로 되고 하면 하면 보고 하는 지내는 것은 시간은 아침 하는 것은
At this meeting are you representing an organ	nization 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	h person or organization you are representing:
ARC Community Service	us IP esmert Ragaram
	, Bearing the State of Million and American and American
825 € Johnson	
Medison WI	
Are you being paid for your representation?	☐ Yes ☑ No
	duties for this person or organization? Yes No t 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, 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 both	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: 1/4 010

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

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		PLEASE PRINT CLEARLY
Amendment No.	34-02432	Name SHIRA PHELPS
Amendment No		Address 1342 JENIFER #1
Amendment No		MAD, WI 53703
Amendment No.		
Amendment No.		
Please check the app	oropriate boxes:	
Support		and Wish to speak
Oppose		Do not wish to speak
	upport Nor Oppose	Available to answer questions
of who you represen	t and go on to the next que	complete the rest of this form. If you answered "yes," provide the name testion) person or organization you are representing:
Are you being paid f	for your representation?	☐ 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
Speaking Limits:		non Council)5 minutes
		3 minutes
	Other Items	mana, in a minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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 b 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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 11-14-06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print	
	PLEASE PRINT CLEARLY
Amendment No. 34.02432	Name USIL MUEN
Amendment No.	Address 101021 HA MADAVA AVA.
Amendment No.	1/1/10/10/50 11/1 635/02
Amendment No.	- Walder (4.10) 1/W+ 221/02
Amendment No.	
Amenument 110.	
Please check the appropriate boxes:	
Support	and Wish to speak Do not 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 composed who you represent and go on to the next question	lete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each person	on or organization you are representing:
932 F. Johnson	
Maplism ut	
Respect	+ #408-283-6435
Are you being paid for your representation?	☐ Yes No
Are you appearing as part of your other paid duties (If you answered "no," STOP; you need not comparestion.)	for this person or organization? Yes No lete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common C 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?
	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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— .	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 //_	14-06 Signature SIDIN MA

Print Name

Date:	 - 1	ì	1	Ž.	Ņ,	111	
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Please Print		
		EASE PRINT CLEARLY
Amendment No	34-02432 Na	ame Cheri Krueger
Amendment No	Ac	Idress // CiNA CT
Amendment No		Malison 111 53704
Amendment No		Maison, W. 30107
医甲基异性性肠炎病毒		
Amendment No		
Please check the ap	propriate boxes:	
☐ Support		and Wish to speak
Oppose		Do not wish to speak
	Support Nor Oppose	Available to answer questions
	nt and go on to the next question.) telephone number of each person or	organization you are representing:
832	E-JOHNSON	
283-	6435	
Are you being paid	for your representation?	☐ Yes ☑ No
	as part of your other paid duties for to acou." STOP; you need not complete to	his person or organization? Yes No he rest of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Counc Information Hearing Other Items	3 minutes

Are you an el other governr	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 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
	Print Name

_ 1,	14/	156	
Date:		مر را	

Please Print		
	PLEASE PRINT CLEARLY	
Amendment No.	34-02432 Name Jan Myasak	4
Amendment No.	Address 2830 Steve	ne 81
Amendment No.	Name Jan Migasal Address 2830 Steven Malism, U	I 53705
Amendment No.		
Amendment No.		
Please check the appro	opriate boxes:	
Support	and Wish to speak	
Oppose	Do not wish to s	
/	pport Nor Oppose	wer questions
Name, address and tele	and go on to the next question.) lephone number of each person or organization you are representing: Elephone Newpert, 832 E. Johnson 53375	57, Malisa
	5377	
Are you being paid for	or your representation?]Yes □ No
	part of your other paid duties for this person or organization? "STOP; you need not complete the rest of this form. If you answered	Yes No d "yes," go on to the next
Speaking Limits:	Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 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 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	11/14/06 Signature Print Name W. Mass. L.

Date: 1/4/06

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print		EASE PRINT CLEARLY		
Amendment No. Amendment No. Amendment No. Amendment No. Amendment No.	34-02432 Na	ame $ASMIN$ ddress	HORTON	
At this meeting are yo	opriate boxes: pport Nor Oppose ou representing an organization or "STOP; you need not complete to	Available a person other than yourself	vish to speak e to answer questions f: Yes No	ne name
of who you represent of Name, address and tel	and go on to the next question.) ephone number of each person or	organization you are repres	enting:	
	r your representation? part of your other paid duties for t "STOP; you need not complete t			the next
Speaking Limits:	Public Hearing (Common Councilinformation 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?
	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 <u>// / /</u>	406 Signature Jasmin Harton
	Print Name VASMIN HORTON

Date: Will 1 3000

CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print	
	PLEASE PRINT CLEARLY
Amendment No. 34-02432	Name KODEN KICKMAN
Amendment No.	Address 20 7 Phlasant Rida
Amendment No.	Modison Wi Ot
Amendment No.	53713
Amendment No.	
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	Available to answer questions
	ion or a person other than yourself: \(\sqrt{Yes}\) \(\sqrt{No}\)
At this meeting are you representing an organization of the same o	plete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next question	
Name, address and telephone number of each personal state of the state	son or organization you are representing:
Trought Kespect	- 805 2 06W6V
	283-6435
	Madison Wi
Are you being paid for your representation?	$\square Yes $
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 (Common Information Hearing.	

A	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 be that:	eing 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 the City-County Building, Madison, for more information)			
Date	Signature			
	Print Name			

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Date:		4.5	. 1		- F. C.	4. 4	
T 4	100		1.	10000			

Please Print						
	PL	EASE PF	RINT CLEA	RLY		
Amendment No.	34-02432 N	ame 🛌	Angre	،(ري	arekam	
Amendment No	A	ddress _	<i></i>	Λ	1 d f. +	
Amendment No.				The second of the second	The first and the state of the	the first of the f
Amendment No.					<u> </u>	
Amendment No.						
<b>Oppose</b>	Jupper Tragem	ar	$\Box$ I	Wish to s Do not w Available	peak ish to speak e to answer q	uestions
Neither Su	pport Nor Oppose		<u> </u>	runuok		
(If you answered "no,	u representing an organization or "STOP; you need not complete and go on to the next question.)	a person the rest o	other than this form.	yourself  If you a	Yes	S No S," provide the name
Name, address and tel	ephone number of each person or	organiza	tion you ar	e represe	enting:	
825	& Johnson					
A .	r, WI					
Are you being paid fo	r your representation?				☐ Yes	; □⁄N₀
	part of your other paid duties for "STOP; you need not complete	-	_		☐ Yes nswered "ye	
Speaking Limits:	Public Hearing (Common Coun Information Hearing Other Items					

Are you an eleother government	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, <b>STOP.</b> 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, 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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	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>//- / 4</u>	1-04 Signature mon Strum		
	Print Name Angle Wascham		

Date: 11/14/06

## CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print		PLEASE	PRINT	T CLEARLY
Amendment No Amendment No Amendment No Amendment No Amendment No	2 02399 6 102403 8 102405 34 102432 37 102435	Name Address	Ry	Jan Spangler 5 N Booford St alison, WI 53706
At this meeting are you (If you answered "no	upport Nor Oppose ou representing an organi	complete the res		Wish to speak ☐ Do not wish to speak ☐ Available to answer questions  her than yourself: ☐ Yes ☑ No his form. If you answered "yes," provide the name
Name, address and te	elephone number of each	person or organ	ization	n you are representing:
Are you being paid for	or your representation?			☐ Yes ☑ No
	part of your other paid do," STOP; you need not o			or organization? Yes No nis form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Comm Information Hearing Other Items	nananananananananan mereke		nutes

	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, <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 t 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 following from the Clerk's Office at following the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	1.	/14	106

Please Print	
	PLEASE PRINT CLEARLY
Amendment No. 34-02432	Name Arathi Premkumar
Amendment No. 32-02430	Name Arathi Premkunar Address 330 N. Carroll St, apt. 304 Madison, WI-53703
Amendment No.	Madison, WI-53703
Amendment No.	
Amendment No.	
	mplete the rest of this form. If you answered "yes," provide the nan
of who you represent and go on to the next question.  Name, address and telephone number of each per	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid dutic (If you answered "no," STOP; you need not comquestion.)	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 (Common Information Hearing Other Items	

	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, <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

Date: 11/14/06

## CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print		PLEASE PRINT CLEARLY
Amendment No Amendment No Amendment No Amendment No Amendment No	34-02432	Name Francie Rosenthal Phelps Address 1114 E Dayton St Madison, W1 53703
At this meeting are you (If you answered "no of who you represent	upport Nor Oppose ou representing an organiza ou," STOP; you need not con and go on to the next quest	and   Wish to speak   Do not wish to speak   Available to answer questions   with the speak   Available to answer questions   Westion or a person other than yourself:   Yestion   No supplete the rest of this form. If you answered "yes," provide the name ion.)
Are you appearing as		☐ Yes ☐ No ies for this person or organization? ☐ Yes ☐ No inplete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Common 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?
	vered "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 b that:	eing 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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	14	Nov	0(	
1.75 (4) 1.75			5 4 4 5	

Please Print					
		PLEASE PR	INT CLEARLY	1	
Amendment No	2-02399	Name	Felle	Horride	
Amendment No	0 7 0 24 0 3	Address	7007	Jenite	
Amendment No	7-02404				
Amendment No	8 02405				
Amendment No.	33,34	७२५३१, ७२५	3 2		
Please check the app	vonzioto hoves				
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Support		an	/		
Oppose Noithor S	unnant Nay Onnas			wish to speak ble to answer que	estions
ivertifier S	upport Nor Oppos				
· · · · · · · · · · · · · · · · · · ·	you representing an orga		-		<b>⊘</b> No
	o," <b>STOP;</b> you need no t and go on to the next o		this form. If you	answered "yes,"	" provide the name
Name, address and i	elephone number of eac	ch person or organizat	tion you are repre	senting:	
Are you being paid	for your representation?			∐ Yes	∐No
	s part of your other paid				□No
(If you answered "n question)	o," <b>STOP;</b> you need no	t complete the rest of	this form. If you	answered "yes,	go on to the next
Speaking Limits:	Public Hearing (Con	nmon Council)5 r	ninutes		
	Information Hearing	;	ninutes		
	Other Items	3 r	ninutes		

The state of the s	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.)
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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: 11/14/06

## CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print						
		PLEASE	PRINT C	LEARLY		
Amendment No	<i>y y</i>	Name	Liso	· Subl	ck	
Amendment No. $\frac{g}{g}$	-oppose	Address	818	S. Ceon	inov	R1 #4
Amendment No. 3	3-00058	0 12 Carrino (P)		Morlis	5eV)	53719
Amendment No.	KLEGOOD	10 -S 4979	9V+	32-0Pf	201 C	
Amendment No. 30	5-Support	13-3-48	V7	32-off 34-off	عد کد	
Please check the appr	opriate boxes:	30-Supp	ort			
Support			and	Wish to spea  Do not wish		
Oppose Neither Su	pport Nor Oppo			Available to	-	estions
At this meeting are yo (If you answered "no,	"STOP; you need no	ot complete the re			☐ Yes vered "yes,	☐ No " provide the name
of who you represent	and go on to the next	question)				
Name, address and te	lephone number of ea	ch person or organ	ization y	ou are representi	ng:	
Are you being paid fo	r your representation	?			☐ Yes	□ No
Are you appearing as (If you answered "no, question.)					☐ Yes vered "yes,	No go on to the next
Speaking Limits:	Public Hearing (Con					
	Information Hearing Other Items		. 3 minute . 3 minute			
	—	egeng Sannannahadasanden Kirist		<del></del>	化二氯化二氯 医大胆样的	经成分帐 化二氯化物 人名英格兰人

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	vered "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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 11/14/06

### CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

You must register before the Council considers your item. Please Print PLEASE PRINT CLEARLY Amendment No. Amendment N Amendment No. Amendment No. < Amendment No. 🕏 Please check the appropriate boxes: Wish to speak Support and Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** At this meeting are you representing an organization or a person other than yourself: (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question) 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 duties for this person or organization? (If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) **Speaking Limits:** Public Hearing (Common Council) 5 minutes 

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, <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 fthe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	 1-1	4-0	0		
	 		_	 	

Please Print		PLEASE PRINT CLEARLY		
Amendanent 110.	7 62404 13 / 02410 32 / 02430 33 / 02431	Name ROSEMARY Address W WILSo	LEE NST 53903	
At this meeting are yo (If you answered "no, of who you represent	pport Nor Oppose ou representing an organizat "STOP; you need not com and go on to the next questi	Available tion or a person other than yourself: uplete the rest of this form. If you are	sh to speak to answer que Yes aswered "yes,"	A)
Are you being paid fo	r your representation?		☐ Yes	□ No
		es for this person or organization?  applete the rest of this form. If you ar	☐ Yes nswered "yes,"	☐ No "go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items	3 minutes		

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	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)
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Date	Signature
	Print Name

Date: 11	M	06			

Please Print		PLEASE PRINT CLEARLY	
Amendment No. 2		Name Jukht Rownson	
Amendment No <	, ~ 02 \$ 03	Address 2007 JENNER ST 5370	<b>(</b>
Amendment No. <u></u>	,9 02405,		
Amendment No. 3	2,33,34	02430,02431,02432	
Amendment No. <u>3</u>		0 2435	
At this meeting are y (If you answered "no of who you represent	upport Nor Oppo ou representing an org on," STOP; you need no and go on to the next	canization or a person other than yourself: Yes of complete the rest of this form. If you answered "yes,"	⊠ No
Are you being paid for	or your representation	? □ Yes	□No
		d duties for this person or organization?	□ No " go on to the next
Speaking Limits:	Information Hearing	mmon Council)5 minutes g3 minutes 3 minutes	

and the second of the second of the second	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	illing the latest the second of the

Date: 11/13/06

## CITY OF MADISON Registration Statement - Common Council 2007 OPERATING BUDGET

Please Print					
	02399	PLEASE	PRINT CLEARLY		
Amendment No. $\underline{2}$	- oppose	Name	Dan Sebal	d	
Amendment No. <u>&amp;</u>	oppose	ල 2463 ල 2 46c <b>Address</b>	1553 Adams	c St HI	4B
Amendment No. 7	-8:33,34 oppose	02405		I 537	in the first of th
Amendment No. 3		02434	11/1/30/1/2		
Amendment No.		02431			
		0 2432			
Please check the app	propriate boxes:				
Support			and Wish to sp	eak	
Oppose			Do not wis		
= -	upport Nor Opp	ose	∐ Available i	to answer ques	stions
	t and go on to the nex		nization you are represen	ıting:	
Are you being paid i	for your representatio	n?		☐ Yes	[∑/No
			erson or organization? st of this form. If you an		<b>⊠</b> No
Speaking Limits:		ommon Council) ng			

en de la companya de	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	Print Name

D-4	100	1	1.5%					1
Date:				 113		14		
~~~.					 		_	

Please Print					
	MARIN APRIL	PLEASE	PRINT CLEARLY	01	
Amendment No.	34-NO	02432 Name	Mike Bas	tord	
Amendment No.	36-4ES	02434	1917511	in an Ano	
Amendment No.	27-NO/	PLEASE 02432 02434 Name 02435 Address	Mad and	ingen Ave	71
Amendment No.			WINCL, SON	, W/ 55	704
Amendment No.					
Please check the app	ropriate boxes:				
Support			and Wish to	speak wish to speak	
Oppose				wish to speak le to answer question	ons
Neither Si	upport Nor Oppo	ose			
At this meeting are y	ou representing an or	ganization or a pers	on other than yoursel	f: TYes	No
(If you answered "no	o," STOP; you need n	not complete the res			rovide the name
of who you represen	t and go on to the next	t question.)			
Name, address and to	elephone number of ea	ach person or organ	ization vou are repres	senting:	
				Anna.	
-					
Are you being paid f	or your representation	1?		☐ Yes	☐ No
Are you appearing a	s part of your other pa	id duties for this po	ran ar arganization?		□No
	o, " STOP; you need n	The state of the s			
Speaking Limits:	Public Hearing (Co	ommon Council)	5 minutes		
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보다 가장을 되는 하는데	Other Items		3 minutes		

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