Date: 3 -21-06

Registrat	on Statement	Common Council COMMITTEE	
Please Print			
		PLEASE PRINT CLEARLY	기타기 함께 일반한 모든 경험된
1/		Name Jeon Mac Cei	66,6
Agenda No.		Name Jeonmac Cei Address 3530 Heathan MADISON	-Crest
		MADISON	53705
Please check the appr	opriate boxes:		
Support		and Wish to speak	
Oppose		Do not wish to	
	pport Nor Oppose	e	nswer questions
(If you answered "no	ou representing an organ "STOP; you need not and go on to the next qu	nization or a person other than yourself: complete the rest of this form. If you answe uestion)	☐ Yes ☒No red "yes," provide the name
Name, address and te	lephone number of each	n person or organization you are representing	<b>g:</b>
Are you being paid to	r your representation?		☐ Yes ☑ No
Are you appearing as (If you answered "no question)	part of your other paid," STOP; you need not	duties for this person or organization?  complete the rest of this form If you answe	Yes No ered "yes," go on to the next
Speaking Limits:	Information Hearing.	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, <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 be that:	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.)
3 Date	121/06 Signature Just Ma Cubbi Print Name Pean M. Mac Cub Gin
	Print Name Jean M. Mac Cub Gr

lan I	tele p	lease	Speak	before 7.4
	CI	TY OF MADIS	SON	$\neg 7711'$
Registrat 030		ommon Co MMITTEE	uncil	I harls.
Please Print  Agenda No.	65	PLEASE PR Name Address	Michael Hitael Hitael Madisin	Fore, MD Hedge St
At this meeting are y (If you answered "no of who you represen	CIGW bW E ipport Nor Oppose  ou representing an organizat	ion or a person plete the rest of on)	other than yourself: this form If you an	swered "yes," provide the name
Are you being paid !	or your representation?			☐ Yes   XNo
Are you appearing a (If you answered "n question)	s part of your other paid dution," STOP; you need not com	es for this perso aplete the rest o	n or organization? f this form. If you a	Yes XNo nswered "yes," go on to the next
Speaking Limits:	Public Hearing (Common Information Hearing Other Items		minutes	

Are you an other gover	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?  Yes No
(If you answ this form. If	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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(Please go Room 103 o	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fifther of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

3/2/
Date: / 🏒
g Poulson T Charles hn
1 Charles hn
Vish to speak Oo not wish to speak Available to answer questions
yourself: Yes No If you answered "yes," provide the name
e representing:

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 65	Name Gary Foulson Address 637 Churles hn
Please check the appropriate boxes:	
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," <b>STOP</b> ; you need no of who you represent and go on to the next of	anization or a person other than yourself: Yes No st complete the rest of this form. If you answered "yes," provide the name question)
	ch 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 no question)	d duties for this person or organization? Yes No of complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon 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 nmental 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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Date	Signature
	Print Name

Date: 3/21/06

Registratio	on Statement 3 7	Common Cou	ıncil		
Please Print			NT CLEADLY		
		PLEASE PRII	VI CLEARLY	1200	0 100
		Name	VILLETTE	<u>LU(13</u>	<u>(m</u>
Agenda No		Address	<u>598. h</u>	1. John	ison Apt 9
		41. 41. 41. 41. 51. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	Madison	$\frac{\mathcal{M}}{\mathcal{M}}$	53703
Please check the appro	priate boxes:				
Support		and			
Oppose			Do not wish		
	pport Nor Oppose		☐ Available to	answer ques	lions
of who you represent o	" STOP; you need not and go on to the next que ephone number of each	estion)			
				Yes	MNo
Are you being paid to	r your representation?			∐ Tes	NO
Are you appearing as (If you answered "no, question.)	part of your other paid on " STOP; you need not	duties for this person complete the rest of	or organization? this form. If you answ	☐ Yes wered "yes,"	□ No go on to the next
Speaking Limits:	Public Hearing (Com				
	Information Hearing		ninutes		

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, <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 Sk	2/06 Signature Jahren Valorie Larsen

	Date: 3-21-06
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
16	Name Maureen Busalacehi Address 7710 Carry Fox Trail
Agenda No. 65	Address 7710 Gray Fox Trail
Please check the appropriate boxes:	
Support Oppose	and Wish to speak  Do not wish to speak
<ul><li>✓ Oppose</li><li>✓ Neither Support Nor Oppose</li></ul>	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 questions.	complete the rest of this form. If you answered yes, provide the name
Name, address and telephone number of each	n person or organization you are representing:
Smokefreewi	
401 wisconsin	
madison, wis	3703
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

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

Other Items 3 minutes

Speaking Limits:

Are you an ele	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, <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)
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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 3/2	21/06 Signature Mleeneen Busuleech; Print Name Maureen Busalacer;

Date: March 21, 2006

Registrati	on Statement 37	Common COMMITTEE	Council		
Please Print		PI FASI	PRINT CLEARLY		
Agenda No.	5	Name	Daniel Sebo 1553 Adams Madison, Wi	St #AB	
Please check the appr	opriate boxes:				
Support Oppose Neither Su	ipport Nor Oppose		and X Wish to spe  Do not wish  Available to		tions
(If you answered "no	ou representing an organ o," <b>STOP;</b> you need not and go on to the next q	complete the re	son other than yourself: est of this form If you ans	☐ Yes wered "yes,"	
Name, address and te	lephone number of each	n person or orga	nization you are represen	ting:	
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 o," <b>STOP;</b> you need not	duties for this p t complete the r	person or organization? est of this form. If you an	☐ Yes swered "yes,"	□ No ' go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing				

	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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	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:  $\frac{3}{7}/\frac{200}{00}$ 

Registrat		Common Council COMMITTEE
Please Print		물실 로드램 전 등에 발표하는 경험을 보고 있는데 얼마나요?
		PLEASE PRINT CLEARLY
		Name MICHELE / JADER
Agenda No.		Address 7146 & MI777(7)57
		Address 7146 & MI771 57 MANISON, WI 5370
Please check the app	ropriate boxes:	
Support		and Wish to speak  Do not wish to speak
Oppose		Do not wish to speak
	ipport Nor Oppos	e Available to answer questions
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 question)  the person or organization you are representing:
Are you being paid f	or your representation?	☐ Yes 🖂 No
Are you appearing a (If you answered "na question)	s part of your other paid o, " <b>STOP;</b> you need no	I duties for this person or organization? Yes No No to complete the rest of this form. If you answered "yes," go on to the nex
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2
re you an elected official or employee who is appearing solely on behalf of your office or for your municipality or ther governmental body?
If you answered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign is form. If you answered "no" to the question, go on to the next question)
you are being paid for your representation, or if your appearance is part of other paid duties, please be advised nat:
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Pate $\frac{3/2/06}{Print Name}$ Signature $\frac{3}{4}$ Signature $\frac{3}{4}$ Print Name $\frac{3}{4}$ Signature $\frac{3}$
그리는 문문은 보고 하를 하는 동안 모든 보고 하는 그들은 모든 사람들이 되는 것을 하고 있는데 먹을 문장이 되고 문장 때문을 본격하다

Date:  $\frac{3}{24}/06$ 

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	어린 아들은 물문을 받는 사람들이 하는 아니라 아니라 있다. 아들은 보고 있는 것은 모든 것은 사람들이 다른 말했다.
	Name BRIAN HALTINNER
Agenda No. 65	Address 11 7A E. MAIN ST.
	1/ to 150N, W/ 53/03
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	e Available to answer questions
of who you represent and go on to the next q  Name, address and telephone number of eac.	nuestion.) h 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 no question)	I duties for this person or organization?  Yes No to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	nmon 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?  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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Date	Signature
	Print Name

Date: 21-Mar-06

Registrati	ion Statement	Common Cou	<u>ncil</u>		
Please Print					
		PLEASE PRIN	II CLEARLY		
PF		Name <u>Se</u> y	niter ( I ham ps	20M	
Agenda No. (O		Address	7 A E. Maih S	<u> </u>	
		<u> </u>	Madrson, WI S	5 <i>3703</i> _	
Please check the appr	opriate hoves:				
r lease check the appr	opriate dones.				
Support		and	Wish to speak  Do not wish to s		
Oppose			Do not wish to s	speak	
	ipport Nor Oppose		Available to ans	wer questio	ns
At this meeting are y	ou representing an orga	nization or a person ot	her than yourself:	☐ Yes	$N_0$
(If you answered "no	o," <b>STOP;</b> you need not	complete the rest of the	his form. If you answere	d "yes," pr	ovide the name
of who you represent	and go on to the next q	uestion)			
			and representing		
Name, address and te	lephone number of each	n person or organization	on you are representing:		
Are you being paid f	or your representation?			☐ Yes	□No
Are you appearing as	s part of your other paid	duties for this person	or organization?		∐No
(If you answered "no question)	o," <b>STOP;</b> you need no	t complete the rest of t	this form If you answer	ed "yes," g	o on to the next
Speaking Limits:	Public Hearing (Con	nmon Council)5 m	inutes		
opearing Linns.	Information Hearing	3 m	inutes		
		3 m			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
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Date	Signature
	Print Name

Date: 21 March 2006

Registration	· • · · · · · · · · · · · · · · · · · ·	mmon Col	ıncil		
Please Print			NT CLEAD! V		
		PLEASE PRI	NT CLEARLY		
		Name	Vanessa-	Shipley	
Agenda No		Address	811 Jenif	er St.	
			Madson	<u>/</u>	
Please check the approp	riate boxes:				
Support Support		ano			
Oppose			Do not wish		
	port Nor Oppose		☐ Available to	answer ques	tions
[ ] Meither Sub	horritor Obbose				
(If you answered "no,"	representing an organization of serving an organization of serving and go on to the next question of the next ques	olete the rest of	other than yourself: this form. If you answ	Yes wered "yes,"	X  No provide the name
Name, address and telep	phone number of each pers	on or organizat	ion you are represent	ing:	
Are you being paid for	your representation?			☐ Yes	🗷 No
Are you appearing as pa (If you answered "no," question)	art of your other paid dutie STOP; you need not com	s for this perso plete the rest o	n or organization? Tthis form If you ans	☐ Yes swered "yes,'	☐ No ' go on to the next
	Public Hearing (Common Information Hearing Other Items		ninutes		

Are you an other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
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Date	Signature
	Print Name

	21 March	2000
Date:	Zinach	2006

Registration	on Statement /	Common Counc			
Please Print		PLEASE PRINT (	N EADI V		
		Name MAR	K MAKO	HL	
Agenda No. 65 (Le	1.F.L. 03037)	Address 745	E. GOR	HAM	
		Address 745 MAD	ISON	5370	3
Please check the appro	priate boxes:				
Support Oppose Neither Su	pport Nor Oppose	and	Wish to sp     □ Do not wi     Available	eak sh to speak to answer ques	tions
(If you answered "no, of who you represent a	" <b>STOP;</b> you need not and go on to the next qu	ization or a person other complete the rest of this testion) person or organization	form. If you an	iswered "yes,"	No provide the name
Are you being paid for	your representation?			Yes	□ No
Are you appearing as j (If you answered "no, question)	part of your other paid "STOP; you need not	duties for this person or complete the rest of this	organization? form. If you a	☐ Yes nswered "yes,'	No go on to the next
Speaking Limits:	Information Hearing	mon Council) 5 minu 3 minu 3 minu	tes		

	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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Date	Signature
	Print Name

Date: 3/21/06

Registration	The state of the s	ommon Council MMITTEE
Please Print		PLEASE PRINT CLEARLY
Agenda No.	5	Name Book Chisholm  Address 1009 Lowell St. #4  Madison, W 53715
Please check the appropr	iate boxes:	
Support Oppose Neither Supp	oort Nor Oppose	and
(If you answered "no," I of who you represent and	<b>STOP;</b> you need not comp d go on to the next questic	tion or a person other than yourself: Yes No puplete the rest of this form. If you answered "yes," provide the name ion)  rson or organization you are representing:
Are you being paid for y	our representation?	☐ Yes ☐ No
Are you appearing as pa (If you answered "no," question)	rt of your other paid dutie STOP; you need not com	ies for this person or organization?
I	Public Hearing (Common Information Hearing	3 minutes

	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

Date: 3/2	1/06		
Date. $\underline{\mathcal{I}}$	1-22	 <del></del>	

Registration Statement -	Common Council COMMITTEE				
Please Print  Agenda No. 65	PLEASE PRINT CLEARLY  Name Kim Moreland  Address 117 A East Main St.  Mackson WI S3703				
Please check the appropriate boxes:  Support Oppose 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	ch person or organization you are representing:				
Are you appearing as part of your other paid	음하고 보고 보고 보고 있을까요 하는 하는데 보고 보고 보고 <u>한</u> 것 같은 일을 받고				
Information Hearing	mmon Council) 5 minutes g 3 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, <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

	CITY OF MADISON
Registration Statement -	Common Council
03037	
Please Print	
	PLEASE PRINT CLEARLY
	Name KosEMARY LEE
Agenda No. 65 Tolakic Bak	Address III W WILSON ST #188
	MADISA 53707
Please check the appropriate boxes:	
Support	and ♥☑ Wish to speak ☐ Do not wish to speak
Oppose	Available to answer questions
Neither Support Nor Oppos	C. 사람들 다른 사람들은 사람들이 되는 것 같은 사람들이 가는 것 같습니다.
At this meeting are you representing an orga	nization or a person other than yourself: Yes XNo
(If you answered "no," STOP; you need not	t complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	uestion)
Name address and telephone number of eac	h person or organization you are representing:
lyame, address and telephone number of eac	
A	Yes No
Are you being paid for your representation?	
Are you appearing as part of your other paid	duties for this person or organization? Yes No
(If you answered "no," STOP; you need no	t complete the rest of this form. If you answered "yes," go on to the next

3-21-06

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

question)

Speaking Limits:

	Print Name
Date	Signature
	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.)
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?
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
	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.)
Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental body?

Date: 3/21/06

Registration	Statement - Common COMMITTEE	Council	
Please Print	PLEASE	PRINT CLEARLY	
Agenda No. 65	Name Address	CAONG9 19 W 7722 CAMINGTON MOISON, W 537	
Please check the appropria	ate boxes:		
Support Oppose Neither Suppo	ort Nor Oppose	and	stions
(If you answered "no," S	presenting an organization or a per <b>TOP</b> ; you need not complete the re go on to the next question)	son other than yourself: Yes st of this form. If you answered "yes,"	No 'provide the name
Name, address and teleph	one number of each person or orga	nization you are representing:	
Are you being paid for yo	our representation?	☐ Yes	□No
Are you appearing as part (If you answered "no," S question)	t of your other paid duties for this part of the restriction of the re	person or organization?	☐ No " go on to the next
In	ublic Hearing (Common Council) formation Hearing ther Items	3 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental 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.)
If you are t that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	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	<u>.</u> : 3	-2	-	0	6	
to the to	_			_		 9

Registration Stateme	ent - Common Council
D3D37 Please Print	PLEASE PRINT CLEARLY
Agenda No. 6	Name Soe Fuller  Address 574/ Rossleve Lu  Fitchburg wt 537/1
Please check the appropriate boxes:	MANA MANA MANA MANA MANA MANA MANA MANA
Support Oppose Neither Support Nor C	and Wish to speak  Do not wish to speak  Available to answer questions
At this meeting are you representing (If you answered "no," <b>STOP</b> ; you not who you represent and go on to the	an organization or a person other than yourself:   Yes No need not complete the rest of this form If you answered "yes," provide the name e next question)
Name, address and telephone number	r of each person or organization you are representing:
Are you being paid for your represen	itation?
Are you appearing as part of your oth (If you answered "no," STOP; you requestion)	ner paid duties for this person or organization?   Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Information I	ng (Common Council) 5 minutes Hearing 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, <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 be that:	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 fithe City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 3-21-00

Registration Sta	tement - Common C	<u> Council</u>	
Please Print	PLEASE	PRINT CLEARLY	
Agenda No.	Name Address	DAVID WILLER 144 DAYTON MADISON, WI	Row
(If you answered "no," <b>STOP</b> of who you represent and go o	Nor Oppose enting an organization or a pers you need not complete the res	and Wish to speak Do not wish to spea Available to answer on other than yourself: t of this form. If you answered " ization you are representing:	r questions Yes 📉 No
Are you being paid for your re Are you appearing as part of y (If you answered "no," STOP question.)	our other paid duties for this pe	슬린 프린트를 가고 있는 그를 들었는 <u>다</u> .	Yes No Yes No "yes," go on to the next
Inform	Hearing (Common Council) nation Hearing 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 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: 3-21-06
	CITY OF MADISON
Registration Statement 03037	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name JOSEDH J. SCALISSÍ
Agenda No	Address 5209 MESARD.
	MONUM Wi 53714
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose Neither Support Nor Oppose	☐ Do not wish to speak ☐ Available to answer questions e
At this meeting are you representing an orga	nization or a person other than yourself:   Yes  No t complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☑ No

(If you answered "no," STOP; you need not complete the rest of this form If you answered "yes," go on to the next

Yes

Are you appearing as part of your other paid duties for this person or organization?

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

question)

Speaking Limits:

	elected official or employee who is appearing solely on behalf of yonmental body?	ur office or for your municipality or  Yes No	
The state of the s	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of you answered "no" to the question, go on to the next question)	this form, except that you must sign	
If you are being that:	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 princip with the City Clerk.	al must file an authorization	
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.h</u> f the City-County Building, Madison, for more information.)	<u>ml</u> or go to the Clerk's Office at	
Date	Signature		
	Print Name		

				Date: 3/21/	06
	CII	TY OF MAI	DISON		
Registratio		ommon C	Council		
Please Print  Agenda No. 5 (c		PLEASE I	PRINT CLEARLY  Kristin Wisema  431 W Gorham  Madison, WI 53	#304	
Please check the appro	opriate boxes:				
At this meeting are yo (If you answered "no, of who you represent of	pport Nor Oppose  u representing an organizati  "STOP; you need not compand go on to the next question  ephone number of each pers	on or a perso plete the rest on)	☐ Do not wis ☐ Available t on other than yourself: of this form. If you ans	o answer ques	tions
Are you being paid fo	r your representation?			☐ Yes	□No
Are you appearing as (If you answered "no, question)	part of your other paid dutie " <b>STOP;</b> you need not com	s for this per plete the res	son or organization? t of this form. If you an	☐ Yes swered "yes,'	□ No 'go on to the next
Speaking Limits:	Public Hearing (Common 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, <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 be that:	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

CITY OF MADISON	
Registration Statement - Common Council  03037  Please Print	
PLEASE PRINT CLE	마을 본 시간 회사는 보고 있다. 그는 가는 하는 사람은 사람이 없는 것은
Name Deb	Scalissi
Agenda No. Address 520	9 Mesa Rd.
	130n (Monona) W1 53716
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose  At this meeting are you representing an organization or a person other that (If you answered "no," STOP; you need not complete the rest of this for of who you represent and go on to the next question.)  Name, address and telephone number of each person or organization you	m. If you answered "yes," provide the name
Are you being paid for your representation?  Are you appearing as part of your other paid duties for this person or org (If you answered "no," STOP; you need not complete the rest of this for question.)  Speaking Limits: Public Hearing (Common Council)	☐ Yes ☐ No anization? ☐ Yes ☐ No m. If you answered "yes," go on to the next

Date: 3-21-06

Information Hearing 3 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?
	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
	reservation in the Control of the Control of the Alexander State (Control of the Control of the Control of the The Control of the Control of Print Name of the Control of the Control of the Control of the Control of the Con

Date: 3/21/2006

Registratio カろの3フ	n Statement - Comm	on Council		
Please Print	PLI	EASE PRINT CLEARLY		
Agenda No. 6	Na Ad	me Alisan Prang dress 208 Lakewood		
Please check the appropriate Support Oppose Neither Sup	oriate boxes:  port Nor Oppose	and Wish to spea  Do not wish  Available to		ions
(If you answered "no,"	representing an organization or STOP; you need not complete t and go on to the next question)	a person other than yourself: he rest of this form. If you answ	Yes wered "yes," p	No No name
Λ -	phone number of each person or SOCICTU	organization you are represent	ing:	
Are you being paid for	your representation?		Yes	□No
Are you appearing as p (If you answered "no," question)	art of your other paid duties for a 'STOP; you need not complete	his person or organization? The rest of this form If you ans	XYes wered "yes,"	☐ No go on to the next
Speaking Limits:	Public Hearing (Common Coun Information Hearing Other Items	3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	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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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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name (1997)

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4 to 100	1		7 1	A	م!	- 1	5.3
. Date		-		— <i>U</i>	· Y)		1
Date		•			~		

	Statement - Commo	on Council	
03031	COMMITTEE		1 oppose any weatening oce the ordinance the ordinance an #700 1 53703
Please Print	PLE	ASE PRINT CLEARLY	weaten Jance
	Nan	10 UL Sanger	the old
Agenda No. 65	Add	ress 143 W. Gilm	en #700
		Madison, WI	53703
Please check the appropris		D: 81-4	
Support		and Wish to spea	
Oppose		Do not wish	to speak answer questions
Neither Suppo	ort Nor Oppose	[ ] Available to	answer questions
(If you answered "no," So of who you represent and	presenting an organization or a <b>FOP</b> ; you need not complete the go on to the next question)  one number of each person or c	e rest of this form. If you ansv	vered "yes," provide the name
Are you being paid for yo	ur representation?		☐ Yes ☐ No
Are you appearing as part (If you answered "no," S question)	of your other paid duties for th TOP; you need not complete th	is person or organization? he rest of this form. If you ans	Yes No Wered "yes," go on to the next
În	Iblic Hearing (Common Counc formation Hearing ther 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
	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
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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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 f the City-County Building, Madison, for more information)
Date	Signature
	The state of the s

Date: 3/21/66

Registration 03037	Statement - Comm	ion Council
Please Print	PL	EASE PRINT CLEARLY
Agenda No. 65	Na	me Scot Spore dress 210 Barting La Maison Wi 53704
Please check the appropri	ate boxes:	
Support Oppose Neither Supp	ort Nor Oppose	and Ush to speak  One of the property of the p
(If you answered "no," S	epresenting an organization or TOP; you need not complete to go on to the next question)	a person other than yourself:   Yes No he rest of this form. If you answered "yes," provide the name
Name, address and teleph	one number of each person or	organization you are representing:
Are you being paid for yo	our representation?	☐ Yes
		this person or organization?   Yes No the rest of this form. If you answered "yes," go on to the next
	ublic Hearing (Common Cound formation Hearing ther 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
	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)
f you are b hat:	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: $3-21-\delta C$
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name KRISTEN VELVINGTON
Agenda No. 65	Address 926 COLLEGE CT. APT. 110
	MADISON, WI 53715
Please check the appropriate boxes:	
Support	and Wish to speak  Do not wish to speak
Oppose Neither Support Nor Oppos	Available to answer questions
At this meeting are you representing an orga	anization or a person other than yourself:   Yes  No to complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of eac	ch person or organization you are representing:
Are you being paid for your representation?	PYes ▼ No
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 No not complete the rest of this form. If you answered "yes," go on to the next

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

Other Items 3 minutes

Speaking Limits:

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, <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 be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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<b>3.</b>	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

na Vedici	***	8	1	11	1	Ť.	
Date:	 9	*	<b>→</b> •	- 06		1	•

Registratioの	on Statement	Common COMMITTEE	Council		
Please Print					
		PLEASE	PRINT CLEARLY		
Agenda No. <u>6</u> 5		Name Address	734 50.0 10 10501	SCHAT LUMBU RA LU 52	2LEY 1 #3
Please check the appro	priate boxes:		17 (A1/150N	W1 93	
Support			and Wish to sp		
Oppose			Do not wis		
	pport Nor Oppose			to answer ques	uons
(If you answered "no, of who you represent o	" STOP; you need not and go on to the next qu	complete the re lestion)	son other than yourself: st of this form If you an nization you are represer	swered "yes,"	provide the name
Are you being paid for	r your representation?			☐ Yes	No
Are you appearing as (If you answered "no, question)	part of your other paid on " STOP; you need not	duties for this po complete the re	erson or organization? est of this form. If you an	☐ Yes swered "yes,"	[X] No go on to the next
Speaking Limits:	Public Hearing (Communication Hearing				

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body?		
	ed "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 bein that:	ng 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?		
and the state of t	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 03-	-21-66 Signature Aul A Soluth		
	Print Name RAMIA, SCHARING		

Date: 3/21/2006

Registration Statement 03037	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 65	Name Christain Thompson  Address 1 Fast Gilman St  Apt 103 Magisan WI 5370
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 orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	nization or a person other than yourself:   Yes No t complete the rest of this form If you answered "yes," provide the name ruestion)
Name, address and telephone number of each	h 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  t complete the rest of this form. If you answered "yes," go on to the next
	nmon 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, <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 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 fithe City-County Building, Madison, for more information)		
Date 2	21/2006 Signature Print Name Chis Thouseson		

Date:  $\frac{3/21/06}{}$ 

	nent - Common Council COMMITTEE
03037 Please Print	PLEASE PRINT CLEARLY
	Name GREGORY M. 1417E 5  Address 2414 LA FOLLE77E AVE
Agenda No	Address $24/4$ La Foll $2772$ $AVZ$
	manisor, W. 53704
Please check the appropriate boxes	
✓ Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor	Oppose
(If you answered "no," <b>STOP</b> ; you of who you represent and go on to	g an organization or a person other than yourself: Yes Ino a need not complete the rest of this form If you answered "yes," provide the name the next question)  where of each person or organization you are representing:
Are you being paid for your represe	entation? ☐ Yes. ∠☐ Ño
	other paid duties for this person or organization?   Yes   No  need not complete the rest of this form If you answered "yes," go on to the next
	ring (Common Council) 5 minutes  1 Hearing 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, <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:	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 $3/2$	Signature  Print Name  CREGREY M. H175		

Date: 3-2/-06

Registration 9	🗯 그리는 사람들은 사람들은 한 사람들은 교육으로 교육으로 그 사람들은 사람들은 사람들이 가는 사람들이 되는 사람들은 사람들이 가는 사람들은 사람들이 되었다.	
Please Print	PLEASE PRINT CLEARLY	
Agenda No. 65	Name SHANE DECEMBER  Address 2414 LAFO1/EHE AVE.  MADISON, WI 53704	
Please check the appropria	e boxes:	
Support Oppose Neither Suppo	and Wish to speak Do not wish to speak Available to answer questions	
At this meeting are you rep (If you answered "no," ST of who you represent and g	resenting an organization or a person other than yourself:  Yes  No OP; you need not complete the rest of this form. If you answered "yes," provide the na o on to the next question.)	me
Name, address and telepho	ne number of each person or organization you are representing:	
Are you being paid for you	r representation?	
	of your other paid duties for this person or organization?  Yes  No  No  You need not complete the rest of this form. If you answered "yes," go on to the n	ext
Inf	olic Hearing (Common Council) 5 minutes formation Hearing 3 minutes formation Hearing 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, <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 that:	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 f the City-County Building, Madison, for more information.)
Date	-21-06 Signature has a
	Print Name HANE TOREMBER

Date: <u>03-21-06</u>

Registration Statement - 03037 Please Print	Common Council COMMITTEE
Agenda No.	Name MoHyew Bekkering Address PO BOX 44/43  Modison W1 53744
of who you represent and go on to the next of	anization or a person other than yourself: Yes No t complete the rest of this form. If you answered "yes," provide the name
(If you answered "no," <b>STOP</b> ; you need no question.)  Speaking Limits: Public Hearing (Cor Information Hearing	Yes No  I duties for this person or organization? Yes No  of complete the rest of this form. If you answered "yes," go on to the next  nmon Council) 5 minutes  3 minutes  3 minutes  3 minutes

Are you an el other governn		ployee who is appearing solely on	behalf of your office or for your municipality or  Yes No
		stion, <b>STOP.</b> You need not complo the question, go on to the next qu	ete the rest of this form, except that you must sign lestion)
If you are be that:	ing paid for your re	presentation, or if your appearance	ce is part of other paid duties, please be advised
	Before you engage with the City Clerk		your principal must file an authorization
2	Your principal is City Clerk	not permitted to authorize you to	lobby unless you are registered with the
3.	If your principal s period (half year) remainder of the c	, the principal must file expense	00 for lobbying services in any reporting statements with the City Clerk for the
		website <u>www.cityofmadison.com/</u> ding, Madison, for more informat	clerk/index.html or go to the Clerk's Office at ion.)
Date <u>03</u> -	-21-0C	Signature	Holl -
		Print Name	Hlew Beffering

Date: 5-21-06

Registration State 03037 Please Print	ment - Common Council COMMITTEE
Agenda No. 65	Name Jason Wight  Address 302 Morris Ct Wp 6  Madison WT 53703
(If you answered "no," <b>STOP</b> ; yo of who you represent and go on to	and Wish to speak Do not wish to speak Available to answer questions  The organization of a person other than yourself: Yes No u need not complete the rest of this form. If you answered "yes," provide the name
(If you answered "no," STOP; you question)  Speaking Limits: Public He	sentation?

	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)
If you are b that:	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.
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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
	on the control of the

			 1	44	
Date:	7	21	6.		
Daw.			 . 112.1		<del></del>

Registration Statement - 03037 Please Print	Common Council COMMITTEE
	PLEASE PRINT CLEARLY
	Name David Bacco
Agenda No.	Address 4910 Ascot 2n #1  Madison W1 53711 1762
	Madison WI 53711 1762
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppos	
	t complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next of	question)
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	The state of the
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	I duties for this person or organization? Yes No No to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Cor	nmon Council) 5 minutes
Information Hearing	3 minutes 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, <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 be that:	sing 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

	Date: 03 01-06
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 65	Name Manya Mitty Address 117 E. Mais Hot A. Manisan, W.J. 53/103
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 organ	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	
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 question.)	duties 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:

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:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised				
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.				
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk				
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information)					
Date 3 6	21-06 Signature Amanda Puttill				

Date: 3/21/08

Registration	on Statement	Common (	Council		
Please Print		PLEASE	PRINT CLEARLY		
Agenda No.		Name	Sason 1 8417 E. Wadism,	Daylon Daylon WI 5	SV. 3704
Please check the appropriate of the property o	oriate boxes:				
Support Oppose Neither Sup	port Nor Oppose			peak ish to speak to answer ques	stions
At this meeting are you (If you answered "no," of who you represent a Name, address and tele	' <b>STOP;</b> you need not nd go on to the next qu	complete the re uestion)	st of this form. If you a	nswered "yes,"	□No provide the name
Name, address and tele	phone number of cach	person or organ			
				T V	[4No
Are you being paid for Are you appearing as p (If you answered "no, question.)	oart of your other paid	duties for this pecomplete the re	erson or organization? est of this form If you a	☐ Yes☐ Yes ☐ Yes inswered "yes,"	_d√No
Speaking Limits:	Public Hearing (Com 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, <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 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 f the City-County Building, Madison, for more information.)
Date $3/2$	21/06 Signature 222
	Print Name SSM R Len Nam

Date: 3/2/100\_\_

Registration :	Statement - Common committee	Council		
Please Print	PLEASE	PRINT CLEARLY		
	Name	DIANE	BLUM	
Agenda No.	Address	520	Foolat	760 DE
		Mans		1 531/2
Please check the appropria	te boxes:			
™ Support		andWish to spo		
Oppose Oppose		☑ Do not wis ☐ Available t	h to speak o answer ques	stions
	rt Nor Oppose			
At this meeting are you rep (If you answered "no," ST of who you represent and g	oresenting an organization or a per <b>FOP;</b> you need not complete the re go on to the next question)	son other than yourself: st of this form. If you ans	☐ Yes swered "yes,"	No provide the name
Name, address and telepho	ne number of each person or organ	nization you are represen	ting:	
Are you being paid for you	ır representation?		☐ Yes	□No
Are you appearing as part (If you answered "no," \$1 question)	of your other paid duties for this property of the paid duties for this property of the paid and the paid the paid to the paid th	erson or organization? est of this form. If you an	Yes swered "yes,"	☐ No ' go on to the next
Inf	olic Hearing (Common Council) formation Hearing for 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, <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 fifther the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date:	3/	121	100	

Registration Statement -	Common Council COMMITTEE				
Please Print	PLEASE PRINT CLEARLY				
Agenda No.	Name Michael R- Gleist Address 8318 Mansion Hill Ave Apt D				
Please check the appropriate boxes:	Madison WI 53719				
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 organization or a person other than yourself: Yes No (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	BR 보고 보고 말으면 하다 하시고 되고 하고 있는데 보고 있는데 그리는 통다.				
	nmon Council)5 minutes 3 minutes 3 minutes				

4 7 7 7 7	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)	
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	

Date: 3/21/06

Registration Sta	atement - <u>Common Counci</u>	
D3D37 Please Print	PLEASE PRINT CI	I FARI V
	<u> </u>	
Agenda No. 65	Address 701	Zemlianskas-Juozevicius Suuth Shore Drive
	med	lism Wl 53715
Please check the appropriate l	boxes:	
Support Amme Oppose Neither Support	일이 가는 결과를 보는 것은 이번 경우를 받는 것이 되었다.	<ul><li>Wish to speak</li><li>Do not wish to speak</li><li>Available to answer questions</li></ul>
At this meeting are you represent of who you represent and go		than yourself:
Name, address and telephone	number of each person or organization yo	ou are representing:
Are you being paid for your r	representation?	☐ Yes ☐ No
Are you appearing as part of (If you answered "no," STO question)	your other paid duties for this person or or <b>P</b> ; you need not complete the rest of this f	rganization?
Inform	c Hearing (Common Council) 5 minute mation Hearing 3 minute Items 3 minute	as 전 교통 : [12] [12] [12] [12] [13] [13] [13] [13] [13] [13] [13] [13

	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.)		
If you are b 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 fifthe City-County Building, Madison, for more information.)		
Date	Signature 4714		
	Print Name Place P 70		

Date: MARCH 21, 2006

Registration Sta	atement - Common Council	
Please Print	PLEASE PRINT CLEARLY	
Agenda No. 65	Name <u>                                     </u>	OBRIEN FRANKLIN N 53703
	MADISO	N 53763
Please check the appropriate b		o speak
Support Oppose Neither Support	— Do not  □ Availa	t wish to speak ble to answer questions
(If you answered "no," <b>STOP</b> of who you represent and go o	enting an organization or a person other than yours; you need not complete the rest of this form. If you not the next question)  number of each person or organization you are represented.	u answered "yes," provide the name
Are you being paid for your re	epresentation?	☐ Yes ☐ No
Are you appearing as part of y (If you answered "no," STOP question)	your other paid duties for this person or organization is you need not complete the rest of this form. If yo	n?
Inform	Hearing (Common Council) 5 minutes nation Hearing 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)
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 fithe City-County Building, Madison, for more information.)
Date	Signature
	radia de la Colonia del Arte de Maria de Caración de Caración de Caración de Caración de Caración de Caración La casación de Caración de A <b>print Nomo</b> de Caración de Caración de Caración de Caración de Caración de Caración

Date: 3-21-06

Registration Statement -	Common Council COMMITTEE
D303 1 Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Sharon Williams Address 327 E. Bluff  Madison Wisc 53704
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	and ☐ Wish to speak  (☑ Do not wish to speak ☐ Available to answer questions  se
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
	ch person or organization you are representing:
All MAd1571	Mctro Drivers / PASSENGERI P C'AMERA'S ON CITY buses
who Are to,	P CAMERA'S ON CITY DUSES
Are you being paid for your representation	? ☐ Yes 🖂 No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no question)	d duties for this person or organization?  Yes No ot complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council) 5 minutes g 3 minutes minutes

	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, <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)
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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: 3-21-06

Registration Stateme	nt - Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Sharon Williams
Agenda No. 60	Address $327EB/4FF$
	MADISON 53704
Please check the appropriate boxes:	
<b>⊠</b> Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor O	Ppose Available to answer questions
of who you represent and go on to the	ed not complete the rest of this form. If you answered "yes," provide the name next question) of each person or organization you are representing:
Are you being paid for your represent	ation?
Are you appearing as part of your oth (If you answered "no," STOP; you n question)	er paid duties for this person or organization?
	g (Common Council) 5 minutes earing 3 minutes 3 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, <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: 3/21/0 6

Aganda No. #65	
Agenda No. #65  Legis ktike file #03037  Please check the appropriate boxes:	Name JOHN L. JHOLEVICTUS  Address 761 JOHNH SHORE OR.  MARTSON, WI 57715
Support Oppose Neither Support Nor Oppose At this meeting are you representing an organizati	plete the rest of this form. If you answered "yes," provide the name on)
Are you being paid for your representation?  Are you appearing as part of your other paid dutie (If you answered "no," STOP; you need not comquestion)  Speaking Limits: Public Hearing (Common	plete the rest of this form. If you answered "yes," go on to the next

	elected official or emplo nmental body?	yee who is appea	ring solely on behalf of yo	our office or for your municipality or  Yes No
	ered "yes" to the questi you answered "no" to th			of this form, except that you must sign
If you are b that:	eing paid for your repre	esentation, or if y	our appearance is part of	other paid duties, please be advised
1.	Before you engage in with the City Clerk	n lobbying as a lo	bbyist, you or your princi	pal must file an authorization
2	Your principal is not City Clerk	permitted to aut	horize you to lobby unles	s you are registered with the
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 we f the City-County Buildin			<u>ntml</u> or go to the Clerk's Office at
Date <u>2</u>	721/06	Signature Print Name	John	L WOZENTERS
			CISSO.	barll

	CITY OF MADISON
Registration Statement 0 3037 Please Print	Common Council COMMITTEE  PLEASE PRINT CLEARLY
Agenda No. (0	Name Kenin Stohlmeger  Address 4733 Hayes Rd #216  Madison, W1 53704
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 organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next quantum of th	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ Yes 🄀 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

Date: 3-21-06

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)
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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: Mcr. h 21, 200 6

03037	ion Statement	Common (	Council		
Please Print		PLEASE	PRINT CLEARLY		
Agenda No. 65		Name Address	Michael J. 807 Jen	Morris : Cu St	
Please check the app  Support Oppose	ropriate boxes:		and ☐ Wish to ☐ Do not w	speak wish to speak	
	upport Nor Oppose		Availab	le to answer ques	stions
(If you answered "no of who you represen	you representing an organ o, " <b>STOP;</b> you need not t and go on to the next que elephone number of each	complete the res uestion)	st of this form. If you	answered "yes,"	☑No 'provide the name
Are you being paid f	for your representation?			Yes	□No
	s part of your other paid o," <b>STOP;</b> you need not				No on to the next
Speaking Limits:	Public Hearing (Com Information Hearing	mon Council)	5 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?
	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)
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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?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the Clerk's Office at the City-County Building, Madison, for more information.)
Date Mar	Signature Mossis

Date: 3/21/06

03037	on Statement	Common (	<u>Counci</u>			
Please Print		PLEASE	PRINT CL	EARLY		
Agenda No.	O Company of the comp	Name Address	克克 医内脏电压 化二氯	e Klar	chich	
Please check the appro	opriate boxes:					
Support Oppose Neither Su	pport Nor Oppose		and [	Wish to spe Do not wish Available to		tions
(If you answered "no, of who you represent	u representing an organi " STOP; you need not cand go on to the next que ephone number of each	complete the res estion)	st oj tnis jo	rm 15 you ans	werea yes,	No provide the name
Are you being paid fo	r your representation?				☐ Yes	D√No
Are you appearing as (If you answered "no question)	part of your other paid on " STOP; you need not on the state of the st	luties for this po complete the re	erson or or st of this f	ganization? orm. If you an	☐ Yes swered "yes,"	
Speaking Limits:	Public Hearing (Comm Information Hearing			s		

Are you an electother government	ted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body?
	d "yes" to the question, <b>STOP.</b> 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:	g paid for your representation, or if your appearance is part of other paid duties, please be advised
化类形体 医多角形 医乳腺病 医电子性性性	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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Date <u>]/</u>	Make Signature Handlich  Print Name 1 Klandlich

Date: 5.21.06

	ion Statement -	- Common Council
03037		
Please Print		PLEASE PRINT CLEARLY
		Name JESSICA JEEMLURV
Agenda No.	eS	Address 1-651/Manst 7491
		RIALISON IN IL STOR
Please check the app	ropriate boxes:	
Support		and
Oppose		Do not wish to speak Available to answer questions
Neither S	upport Nor Oppo	se de la companya de
At this meeting are y	ou representing an org	ganization or a person other than yourself:   Yes  You
(If you answered "no	o," <b>STOP;</b> you need n	not complete the rest of this form. If you answered "yes," provide the name
of who you represen	t and go on to the next	question)
Name, address and to	elephone number of ea	ach person or organization you are representing:
		강한 경험 등 경험 등 보고 있는 경험 기업을 받았다. 그런 기업
Are you being paid f	or your representation	ı? ☐ Yes ☐No
Δre vou annearing a	s part of your other pa	id duties for this person or organization?   Yes  No
(If you answered "ne question)	o," <b>STOP;</b> you need r	not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Co	ommon Council) 5 minutes
	Information Hearin	

	elected official or employ mental body?	ee who is appearing solely on behalf of your office or for your municipality or  Yes No
		n, <b>STOP.</b> 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 be that:	eing paid for your repres	sentation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lobbyist, you or your principal must file an authorization
2.	Your principal is not City Clerk.	permitted to authorize you to lobby unless you are registered with the
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?	
		site <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at g, Madison, for more information.)
Date		Signature
		Print Name

Date: 2-21-06

Registration	on Statement	Common Council COMMITTEE
Please Print		PLEASE PRINT CLEARLY
	7	COLL Noulzar
6		Name MSS MOVIOV
Agenda No.		Address 1811SheboyGanAvebo8TT
		Madison W153705-291
Please check the appro	opriate boxes:	
<b>⊠</b> Support		and Wish to speak
Oppose		Do not wish to speak
· == · · · · · · · · · · · · · · · · ·	pport Nor Oppose	Available to answer questions
of who you represent o	and go on to the next q	complete the rest of this form. If you answered "yes," provide the name uestion)  h person or organization you are representing:
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 not	duties for this person or organization?  Yes No to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com	nmon Council) 5 minutes
	Information Hearing	3 minutes
	Other Items	haranananananananananana 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
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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Date	Signature