

00338

Date: 9-6-05

### City of Madison Registration Statement - Common Council

*You must register before the Council considers your item.*

Please Print

714

Agenda No. 00338
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Name Monica Slight  
 Address 796 Whispering Oaks Rd  
Oregon WI 53575

Please check the appropriate boxes:

**Support**  
 Wish to speak - reserve the right if needed  
 Do not wish to speak  
 Available to answer questions

**Oppose**  
 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," go on to the next question.)*

Name, address and telephone number of each person or organization you are representing:

Lawry Family Trust  
1941 Vahlen Ave, Madison, WI 53704  
608) 244-2894

Are you being paid for your representation?  Yes  No

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

Speaking Limits:	Public Hearing	5 minutes
	Information Hearing	5 minutes
	Other Items	3 minutes

(See Back)

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

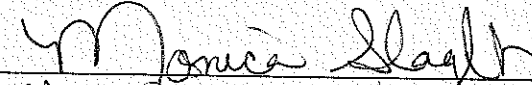
*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date 9-6-05

Signature   
Print Name Monica Slaght

Date: 9-6-05

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Agenda No. 14

Name Larry Lawry  
Address 4082 Hoepker Rd  
Madison WI 53704

Please check the appropriate boxes:

- Support**
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

- Oppose**
- 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," go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Lawry Family Trust  
1941 Vahlen Ave  
Madison WI 53704

Are you being paid for your representation?  Yes  No

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

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Registration Statement - Page 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 9/6/05

### City of Madison Registration Statement - Common Council

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Agenda No. ~~0008~~ #14

Name Marilyn Simpson  
Address 7160 Hilltop Cr  
DeForest, WI 53532

Please check the appropriate boxes:

**Support**  
 Wish to speak  
 Do not wish to speak  
 Available to answer questions

**Oppose**  
 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," go on to the next question.)*

Name, address and telephone number of each person or organization you are representing:

Lawry Family Trust - Wm & Emma - 1941 Vukten Ave

Are you being paid for your representation?  Yes  No

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

Speaking Limits: Public Hearing ..... 5 minutes  
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Other Items ..... 3 minutes

(See Back)

**Registration Statement - Page 2**

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 9-6-05

### City of Madison Registration Statement - Common Council

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14

Agenda No. 00338

Name Linda Harbort  
Address 2663 Oak Crest Circle  
Sun Prairie, WI 53590

Please check the appropriate boxes:

**Support**

- Wish to speak
- Do not wish to speak
- Available to answer questions

**Oppose**

- Wish to speak
- Do not wish to speak
- Available to answer questions

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Name, address and telephone number of each person or organization you are representing:

W<sup>m</sup> Hawry Family Trust

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Date 9-6-05

Signature

Linda J Harbort

Print Name

Linda G. Harbort