Date: 11/21/06

Registration Statement	Common Council
	COMMITTEE
Please Print 04663	PLEASE PRINT CLEARLY
	Vold Ome
Agenda No. 55	Name Ruda VVIII
Agenda No.	Name FULLA NOVS  Address 2215 N. Sherman Are  Madison W1 53764
	Madison W1 53754
Please check the appropriate boxes:	
	and Wish to speak
Support Oppose	and Wish to speak  Do not wish to speak  Available to answer questions
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ	ization or a person other than yourself: Yes No
	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	estion)
Name, address and telephone number of each	person or organization you are representing:
NARAL Pro-Choice	1 list on sin
Are you being paid for your representation?	☐ Yes ✓ѾNo
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question)	luties for this person or organization?   Yes No complete the rest of this form. If you answered "yes," go on to the next
	non 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?
.1	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: 1/21/06

Registration Statement -	Common Council
	COMMITTEE
Please Print 04663	PLEASE PRINT CLEARLY
	Name Amanda Harryton
Agenda No.	Address 15 F. Gorham St. #4
	52703
Places should the appropriate boxes	
Please check the appropriate boxes:	
Support	and Wish to speak  Do not wish to speak
Oppose Noither Support Non Oppose	Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an orga	nization or a person other than yourself: Yes No
of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name uestion.)
Name, address and telephone number of each	h person or organization you are representing:
myce +	
Are you being paid for your representation?	☐ Yes 💢 No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization?   Yes   No complete the rest of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	mon Council) 5 minutes
	3 minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  (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)
보다 하면 살이 하는데 사람들은 살고 사람들은 경기를 하는데 하면 하는데
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:
Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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(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 1/21/06 Signature Signature

Date:	121/0/0
LY	
DW CRAWDALL	
PROUDFIT ST	
550N 53	715
ish to speak o not wish to speak	
ailable to answer questi	ons
ourself: Yes	
f you answered "yes," p	rovide the name
representing:	

Registration Statemen	nt - Common Council COMMITTEE
Please Print 04663	PLEASE PRINT CLEARLY
Agenda No	Name AHROW CRAMDALL  Address 10% PROMOFIT ST  MADISON 53215
Please check the appropriate boxes:  Support Oppose Neither Support Nor Op	and Wish to speak  Do not wish to speak  Available to appropriate
	organization or a person other than yourself: Yes No do not complete the rest of this form. If you answered "yes," provide the name ext question)
Name, address and telephone number of	f each person or organization you are representing:
Are you being paid for your representati	- 1
	paid duties for this person or organization?   Yes No  No  not complete the rest of this form. If you answered "yes," go on to the next
	Common Council)5 minutes ring

	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	
	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	11/21/00 Signature ////Slatt	
	Print Name Annal Ponulan/	

	Date: 11/21/06
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print 0463	PLEASE PRINT CLEARLY
	Name Michael Quieto
Agenda No. 55	Address 533 W Main # 108  Madison WI 53703
	Madison W 53703
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 qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
A Poterican Tederation of Teachers	254 W Gilman St Madison 537@3 2564375 Wisconsin \$6602 Vormandy Ln Madison 662144
Are you being paid 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
question)	선명은 일본 이 보고는 경기가 되고 있는데 말을 가고 있다.
	mon Council) 5 minutes 3 minutes

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	
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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?	
	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: 1/21-06
	CITY OF MADISON
Registration Statement -	Common Council
Please Print 04 663	PLEASE PRINT CLEARLY
	Name ROSEMARY LEE
Agenda No. <u>55</u>	Address III W WILSON ST #108
	MADISON 53703
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 qu	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 ☐ No
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question)	duties for this person or organization?

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

Speaking Limits:

3 T - 1	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
	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: 21 Nov-2006

Registration Statement -	Common Council COMMITTEE
Please Print ()410103	
	PLEASE PRINT CLEARLY
	Name Caitlyn Pisarski
Agenda No. 55	Address 1602 Itoyt St. #2
	Madison, WI 537210
Please check the appropriate boxes:	
<b>⊠</b> Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppose	
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 quality of the state of the st	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 ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization?  Yes No complete the rest of this form If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	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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	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 21	Nov. 2000 Signature Coutly Prongh.
	Print Name Cattur Pisarski



Date: 11/31/06

Registrati	on Statement	Common Coun	ncil	
Please Print	14663			
	160	PLEASE PRINT	CLEARLY	
		Name Li	ivra Dunn	
Agenda No.	55		2 Bicese Terrace	
			Madison, W1 53726	<u>,                                     </u>
Please check the appro	opriate boxes:			
Support		and	Wish to speak	
Oppose			Do not wish to speak Available to answer questions	
Neither Su	pport Nor Oppose			
(If you answered "no,			er than yourself:	ате
Name, address and tel	ephone number of each	person or organization	you are representing:	
				<del></del>
Are you being paid for	r your representation?		☐ Yes ☐ No	
		luties for this person or complete the rest of thi	r organization?	next
Speaking Limits:		non Council) 5 minu 3 minu		
	Other Items	2		**

Are you an el other government	the state of the s	mployee who is appearing	solely on behalf	of your office or for your municipality or Yes No
		uestion, <b>STOP.</b> You need r to the question, go on to t		rest of this form, except that you must sign )
If you are be that:	ing paid for your	representation, or if your	appearance is pa	rt of other paid duties, please be advised
i	Before you engawith the City Cl		ist, you or your p	rincipal must file an authorization
2	Your principal i City Clerk	s not permitted to authoriz	ze you to lobby ı	unless you are registered with the
3.		nr), the principal must file		obbying services in any reporting ents with the City Clerk for the
		s website <u>www.cityofmadi</u> uilding, Madison, for more		dex.html or go to the Clerk's Office at
Date	21/06	Signature		
		Print Name	Laura	Dunn

Date:	11.21	- 4	,	
and the second				

Registration Statement -	Common Council COMMITTEE
Please Print OHbb3	PLEASE PRINT CLEARLY
	Name VOYCE AASEN
Agenda No. 55	Address 4501 HAMMERSURY MADISON 53711
	MADISON 53711
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	se Available to answer questions
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?	?
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	d duties for this person or organization?  Yes No ot complete the rest of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Cor	mmon Council)5 minutes
Information Hearing	g3 minutes
Other Items	management and the second seco

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)
If you are bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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· <del>-</del>	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 // .	21-6 Signature NOUE RASEN  Print Name 9 Jon ce Augus

Date: 21-NOV-2006

Registration Statement	
	·····································
Please Print 0463	PLEASE PRINT CLEARLY
	Name Abigail Scott
Agenda No. 55	Name Abigail Scott Address 801 MINAKWA DRIVE
	MADISON, W1 53711
Please check the appropriate boxes:	
<b>⊠</b> Support	and Wish to speak
Oppose	<ul><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
☐ Neither Support Nor Oppose	
At this meeting are you representing an organ	nization or a person other than yourself:   Yes  No
(If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
Are you being paid 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
question.)	
	mon Council) 5 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "yes" to the question, <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
	$\mathbf{P}_{\mathbf{r}}$

Date: 11/21/2006

Registration Statement	Common C	ouncil
Please Print 04663	PLEASE P	RINT CLEARLY
Agenda No. 55	Name _ Address _	Jeanne Marshall 4522 Hawlet Pl Madison, WI
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose 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.	nization or a person complete the rest of	nd Wish to speak Do not wish to speak Available to answer questions
Name, address and telephone number of each	n person or organiz	ation 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)		on or organization?  Yes No No of this form. If you answered "yes," 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?
	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:	1/	2	/OG	:	Ġ.	_	٠.

Registration Statemen	t - Common Council
	COMMITTEE
Please Print (D41063	PLEASE PRINT CLEARLY
	Name Kate Skoc
Agenda No. 55	- Address 626 Orchard Dr.
	Madison WI 53+11
Please check the appropriate boxes:	
<b>⊠</b> Support	and Wish to speak
Oppose	
Neither Support Nor Op	Available to answer questions
	라마스타 라마스를 보고는 Hard 보는 사람들은 분들이 보는 스트 <u>트</u> 리트 전달입니다.
At this meeting are you representing an	organization or a person other than yourself:  Yes No not complete the rest of this form If you answered "yes," provide the name
of who you represent and go on to the ne	ext question)
그렇게 되어 말라는 얼마가 가라면서요?	우리 생활 보다를 보면 되어 하는 눈도와 나는 이렇게 가는 눈물 만든 걸로 모모았다.
Name, address and telephone number of	f each person or organization you are representing:
Are you being paid for your representati	ion?
Are you appearing as part of your other (If you answered "no," STOP; you need question)	paid duties for this person or organization? Yes No d not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (	Common Council) 5 minutes
	ring 3 minutes
Other Items	3 minutes

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 bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised		
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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 11/21/	CC Signature Int May		
	Print Name Kate Skoa		

Date: 11/21/06

Registra	tion Statement -	Common C	Council	
		COMMITTEE		
Please Print	04663	PLEASE	PRINT CLEARLY	
		Name	Judy Skog	
Agenda No	55	Address	Judy Skog 626 Oscha	rd Dr
				WI53711
Please check the app	propriate boxes:	and Atton		
Support	access to contr	acquire	and Wish to speak Do not wish to	
Oppose	upport Nor Oppos			nswer questions
(If you answered "n	you representing an organo," <b>STOP;</b> you need no	ot complete the rest	on other than yourself: t of this form If you answe	☐ Yes ☑No red "yes," provide the name
Name, address and t	elephone number of eac	:h person or organi	ization you are representin	<b>3:</b>
Are you being paid	for your representation?			☐ Yes   No
	s part of your other paid oo," <b>STOP;</b> you need no			Yes No ered "yes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes	

	# 문항을 하고 있다면 문화되는 다른 사람들이 되었다면 하고 있다면 보고 있다면 보다는 다른 사람들이 되었다면 되었다. 하고 있는데 다른 사람들이 되었다면 되었다면 되었다면 다른 사람들이 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면	
Are you an elected of other governmental bo	ficial or employee who is appearing solely on behalf of your office or for your municipality or ody?	
	" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ered "no" to the question, go on to the next question.)	
If you are being paid that:	for your representation, or if your appearance is part of other paid duties, please be advised	
	e you engage in lobbying as a lobbyist, you or your principal must file an authorization ne City Clerk	
2. Your J City C	orincipal is not permitted to authorize you to lobby unless you are registered with the lerk.	
period	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 20 to the Ci	ty Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at	
	County Building, Madison, for more information)	
Date $1/\sqrt{a}/\sqrt{a}$	o6 Signature QudySkog	
	Print Name Judy 5koc	

Date: 11/21/06

Registration Statement	Common Council
	COMMITTEE
Please Print 0463	PLEASE PRINT CLEARLY
	Name Genje Og den
Agenda No.	Address 1615 Madison St
	Madison INI 53711
Please check the appropriate boxes:	
<b>∑</b> Support	and Wish to speak
Oppose	<ul><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
Neither Support Nor Oppose	
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 qu	complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
Are you being paid for your representation?	Yes \No
Are you appearing as part of your other paid	

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?	
	red "yes" to the question, <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 bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised	
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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 the City-County Building, Madison, for more information)	
Date	Signature Perry Con	
	Print Name Eugenia Ogdon	

Date: 1/21/06

Registration	on Statement	Common C	<u>Council</u>
		COMMITTEE	
Please Print	4463	DI EAGE	PRINT CLEARLY
			도전된다 그 만드라고 되는 한 그리는 한 분들을 하는 그리는 한 분들을 하는데 되었다.
		Name	Alice Osclen-Nussbaum
Agenda No. <u>65</u>		Address	1615 Madison St
			Alice Occlen-Nussbaum 1615 Madison St Madison, W1 53711
Please check the appro	priate boxes:		
⊠ Support			and Wish to speak
Oppose			<ul><li>✓ Do not wish to speak</li><li>✓ Available to answer questions</li></ul>
=	port Nor Oppos	e	Available to answer questions
At this meeting are you (If you answered "no, of who you represent a	' STOP; you need not	complete the res	son other than yourself: Yes No st of this form If you answered "yes," provide the name
Name, address and tele	phone number of eacl	h person or organ	nization you are representing:
Are you being paid for	your representation?		☐ Yes          No
Are you appearing as p (If you answered "no, question.)	part of your other paid "STOP; you need not	duties for this pe t complete the res	erson or organization?
Speaking Limits:	Public Hearing (Com		
	Information Hearing Other Items		

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  Yes No
	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 bei that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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?
	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>11/71</u>	106 Signature of Mice Cidan Nessbaum
	106 Signature & Mice Cyden-Nussbaum  Print Name Alice Ogden-Nussbaum