

Date: 10/17/06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04661

PLEASE PRINT CLEARLY

Name Angela Rose

Address 1701 N. Washburn

Chicago, IL 60647

Agenda No. <u>3</u>

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 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:

PAVE Promoting Awareness, Victim Empowerment

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee 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.)*

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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?

(Please go to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date _____

Signature _____

Print Name _____

Date: _____

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. <u># 3 04661</u>

Name Nancy Malenberg

Address 450 River St
Merrimac, WI 53561

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 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:

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Date _____

Signature _____

Print Name _____

Date: 12/17/06

CITY OF MADISON

Registration Statement - Common Council COMMITTEE

Please Print

04661

PLEASE PRINT CLEARLY

Agenda No. 3

Name Lisa Subeck
Address 818 S. Gammon Rd. #4
Madison 53719

Please check the appropriate boxes:

- Support (checked)
Oppose
Neither Support Nor Oppose

- and
Wish to speak
Do not wish to speak (checked)
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:

Blank lines for name, address, and telephone number.

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 _____

Signature _____

Print Name _____

Date: Oct 17, 2006

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. #3, 04661

Name Colleen L Schultz
Address 120 N Franklin St Apt 3
Madison WI 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 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.)

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Date: 10/17/06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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PLEASE PRINT CLEARLY

Agenda No. 3 04661

Name Naomi Stiller-Bachmann
Address 16-1 Sherman Terrace
Madison, WI 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
RCC (Rape Crisis Center Volunteer)

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