Date: 10/17/06

Registration Statement	Common Council
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04661	PLEASE PRINT CLEARLY
3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name Hygelt 705E
Agenda No.	Address 1701 N. Washtenaw
	Chicago. 166647
Please check the appropriate boxes:	그리고 하는 그리면 보이는 사람들은 사람들은 사람들이 되었다.
Cuman	and Wish to speak
Support Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	
~ · · · · · · · · · · · · · · · · · · ·	person or organization you are representing:
LAVE Bromoting	Awarness, Vuchon Empowerent
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 Vo No complete the rest of this form. If you answered "yes," go on to the next
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	mon Council) 5 minutes 3 minutes
Other Items	

	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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	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	Signature
	Print Name

		CITY OF MA	DISON	
Registrati	on Statement	Common (Council	
Please Print				
Agenda No. 3	94661	PLEASE Name Address	Nany Malubers 450 River St Merringer, WI	33561
Please check the appr	opriate boxes:			
Support Oppose Neither Su	pport Nor Oppose		and Wish to speak Do not wish to speak Available to answer	the state of the s
(If you answered "no,	ou representing an organ "STOP; you need not and go on to the next qu	complete the res	son other than yourself: Yet of this form. If you answered "y	72)
Name, address and te	lephone number of each	person or organ	ization you are representing:	
Are you being paid fo	or your representation?		Y	es \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	part of your other paid," STOP; you need not		erson or organization? Yest of this form If you answered "	es No No ves," go on to the next
Speaking Limits:	Public Hearing (Com- Information Hearing Other Items	eesuunnungaassa saanin tanaaassa	3 minutes	

		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, STOP. You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
lf you hat:	are be	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date _		Signature
		Print Name

Date: 12/17/06

Registrati	on Statement -	Common Council		
		COMMITTEE		
Please Print	-11-6-1			
U	4001	PLEASE PRINT CLEARLY		
	G	Name Lisa Sul	beck	
Agenda No	5	Address SIS S. C	Jammes K	J. #4
			odicon	(37,9
				3
Please check the appro	opriate boxes:			
Support		and Wish to sp		
Oppose			sh to speak	
	pport Nor Oppos	∐ Available	to answer question	ons
At this meeting are yo	ou representing an orga	anization or a person other than yourself:	Yes	No No
(If you answered "no, of who you represent	" STOP; you need no	ot complete the rest of this form If you an	iswerea yes, pi	roviae ine name
Name, address and tel	lephone number of eac	ch person or organization you are represe	nting:	
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Are you being paid for	or your representation?		Yes	□No
Are you ennerring as	nert of your other paid	d duties for this person or organization?	☐ Yes	□No
(If you answered "no question)	," STOP; you need no	ot complete the rest of this form. If you as		go on to the next
Speaking Limits:	Public Hearing (Cor	mmon Council) 5 minutes		
Speaking Limits.		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, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)	
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Date	Signature	
	Print Name	

Date: 0ct 17, 2006

Registration Statement	Common Council
Please Print	
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	Name Colleen LSchultz
Agenda No. #3, 04661	Address 120 N Franklin St Apt 3
	Madison WI 53783
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
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
(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 qu	
Name, address and telephone number of each	person or organization you are representing:
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Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid of	duties for this person or organization? Yes No
(If you answered "no," STOP; you need not question)	complete the rest of this form. If you answered "yes," go on to the next
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	3 minutes
Utner 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
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Date	Signature
	Print Name

Date: 10/17/06

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Nami Shiler-Bachmann
Agenda No. 3 0466	Address 16-1 Sherman Terrale
	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 CC (Rape Crisis Centur Voluntee)
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	nization 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	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)	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 3 minutes

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?	
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Date	Signature	
	Print Name	