Date: 4-18-06

Registration State	ment - Common Council
	COMMITTEE
Please Print 03194	PLEASE PRINT CLEARLY
	Name VICKY SELKOWE
Agenda No. 25	Address 2961 Union St.
	MADISON WI 53704
Please check the appropriate boxes	
Support	and Wish to speak
OpposeNeither Support Nor	• Oppose Do not wish to speak Available to answer questions
	ng an organization or a person other than yourself: Yes No- u need not complete the rest of this form. If you answered "yes," provide the name the next question.)
Name, address and telephone num	ber of each person or organization you are representing:
Are you being paid for your repres	entation? Yes No
	other paid duties for this person or organization? Yes No uneed not complete the rest of this form. If you answered "yes," go on to the next
Information	ring (Common Council) 5 minutes n Hearing 3 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 lental body?
	ed "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.)
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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	Signature
	Print Name

Date: 4/18/06

Registrat		Common Council	
Please Print	3194	PLEASE PRINT CLEARLY	
		Name Chad Obright TLEEllefson Co.	
Agenda No	5	Name Chad Obvight TLEEllefoonCo. Address 1018 Gammon Lane Suite 100	
		Madison, WI 53711	
Please check the appr	opriate boxes:		
⊠ Support		and 💹 Wish to speak	
Oppose	- Nov Onnog	☐ Do not wish to speak☐ Available to answer questions	
Neither Su	pport Nor Oppose	경영 하고 있는데, 그는 마음 등에 있는 등에 보고 하는 사람이 되었다는데, 그리고 있다. 유민국 사용 회장 교육 사용을 보고 있는데 보고 있는데 기계를 들어 가장 있다면 하는데, 그	
(If you answered "no		zation or a person other than yourself: Yes No omplete the rest of this form. If you answered "yes," provide the nestion)	ame
Name, address and te	lephone number of each p	person or organization you are representing:	
LIFE FILE			
Are you being paid fo	r your representation?	X Yes ☐ No	
		uties for this person or organization? A Yes D No omplete the rest of this form If you answered "yes," go on to the	next
Speaking Limits:	Public Hearing (Commo	on Council) 5 minutes 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?
10 1 1 1 1 1 1	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)
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Date 4//	18/06 Signature <i>Multi</i>
	Print Name Chab Obright

Date: 4/18/00

Registration Statement -	Common Council
Please Print 03194	COMMITTEE PLEASE PRINT CLEARLY
Agenda No. 25	Name Melissa Destree Address 222 w. Washington Are #310 Madison, wt 53703
Please check the appropriate boxes:	보험 보다는 것이 되었다. 그 보는 사람들은 사람들은 경기를 받는 것이 되었다. 1985년 - 1985년
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," STOP ; you need not of who you represent and go on to the next q	unization or a person other than yourself: Yes No t complete the rest of this form If you answered "yes," provide the name question)
Name, address and telephone number of eac	h person or organization you are representing:
AlA-Wisconsin South	vext chapter
(American Institute of)	
Are you being paid for your representation?	☐ Yes Mo
	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

Are you an elother governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	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)
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Date	Signature
	Print Name

Date: 18 APR - 06

Registration Statement -	Common Council
Please Print 03194	PLEASE PRINT CLEARLY
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25	Name THOMAS HURSOH, ALA
Agenda No	Address 4 N. Allen St
	53726
Please check the appropriate boxes:	경기 전
✓ Support	and ✓ Wish to speak ☐ Do not wish to speak
☑ Oppose☑ Neither Support Nor Oppose	Available to anaryer questions
	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 q	uestion)
Name, address and telephone number of eacl	h person or organization you are representing:
	그는 사람들에 가는 사람들이 되었다. 그들은 사람들이 되었다. 사람들은 사람들은 바람들은 사람들은 사람들이 되었다. 그들은 사람들은 사람들이 되었다.
	있는 경기 (1000년 2 중요) 이 기가 보고 11일을 하고 그렇게 되었다. 12일을 보고 1000년 1일을 하는 것이다.
Are you being paid for your representation?	
Are you being paid for your representation?	Francisco de la Companya de la Comp La companya de la Companya de
Are you appearing as part of your other paid	
(if you unswered no, STOF ; you need not question)	complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com	mon Council) 5 minutes
Information Hearing	
Other Items	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?
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Date	Signature
	Print Name

Date: 18 Ap 06

Registration	Statement	Common (Council			
		COMMITTEE				
Please Print	3194	PLEASE	PRINT CLEA	ARLY	LANDE	ON FORTH
Agenda No. 25	7	Name Address	KELL	<u> </u>	TUMPSC SHAND	MIRALE
		Audicss		W	10150	N
Please check the appropr	iate boxes:					
Support			and X	Wish to s Do not w	peak ish to speak	
Oppose Neither Supp	ort Nor Oppose			Available	to answer qu	estions
At this meeting are you r (If you answered "no," S of who you represent and	STOP; you need not c	complete the res	on other thar t of this form	yourself If you a	: ☐ Yes nswered "yes,	
Name, address and telepl	none number of each	person or organ	ization you a	re represe	enting:	
Are you being paid for yo	our representation?				☐ Yes	⊠N∘
Are you appearing as par (If you answered "no," S question)						<i>—</i> `
	ublic Hearing (Comm formation 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, 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: 4/18/06

Registrat	ion Statement -	Common Council
Please Print)3194	PLEASE PRINT CLEARLY
Agenda No.	25	Name Pete Nelson Address 618 Merryturn Rd. Madroin 53714
Please check the appr	opriate boxes:	
Support Oppose Neither St	ipport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no		unization or a person other than yourself: Yes No t complete the rest of this form If you answered "yes," provide the name question)
Name, address and te	lephone number of eac	h person or organization you are representing:
Are you being paid fo	or your representation?	☐ Yes 🕍 Vo
		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:		nmon Council) 5 minutes 3 minutes 3 minutes

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, 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)
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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 4	1/18/66 Signature MM M.
	Print Name Pete Nekon

	Date: 4/18/06
	CITY OF MADISON
	Common Council COMMITTEE
Please Print 03194	PLEASE PRINT CLEARLY
	Name Murilyh Feil
Agenda No.	Address 3634 Alpine Rd Madroon 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 organiza (If you answered "no," STOP ; you need not confirm of who you represent and go on to the next quest	mplete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each per Affordable Housing Ac	erson or organization you are representing:
Are you being paid for your representation?	☐ Yes 🎾 No
Are you appearing as part of your other paid dut (If you answered "no," STOP; you need not co question)	ties for this person or organization? Yes ANo mplete the rest of this form If you answered "yes," go on to the next

3 minutes

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes

Other Items

Speaking Limits:

	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, 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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	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

네트 유민들이 불었다고 하는 물리 일본 글 경기를 보았다.	
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print O3194 Agenda No. 25 Alled	PLEASE PRINT CLEARLY Name Marsha Rummel Address 1339 Ruffelge 81 # 2 Mad 03
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 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

4-18-106

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

Speaking Limits:

Are you an e other govern	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, 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: 4/18/06

Registration	on Statement -	Common Council
Please Print)3194	PLEASE PRINT CLEARLY
Agenda No.	5	Name Lisa Subock Address 818 S. Common Rd. #4 Modison, WI 53719
Please check the appro	priate boxes:	
Support Oppose Neither Su	pport Nor Oppos	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 (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 tele	ephone number of eac	ch person or organization you are representing:
Are you being paid for	your representation?	☐ 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
Speaking Limits:	Public Hearing (Con 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?
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Date	Signature
	Print Name

Date: 4-18-06

Registration Statement	- Common Council
	COMMITTEE
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03194	PLEASE PRINT CLEARLY
	Name Rom Trachtenile
Agenda No. <u>45</u>	- Address 2 Esst Mptin St#BOD
	Mado Min I 537 ?
Please check the appropriate boxes:	
	and Wigh to small
Support	and Wish to speak Do not wish to speak
Oppose	Available to answer questions
✓ □ Neither Support Nor Opp	
At this meeting are you representing an o	rganization or a person other than yourself: Yes No
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of who you represent and go on to the ne	
	나는 불고를 발표하는 그리고 하는데 하는데 보는 것을 만들었다.
Name, address and telephone number of o	each person or organization you are representing:
	Enocethrente Stetan Vara
Are you being paid for your representation	m? ∑Yes □ No
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Are you appearing as part of your other p	aid duties for this person or organization? Yes
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question)	
Speaking Limits: Public Hearing (C	Common Council) 5 minutes
Information Hear	ing 3 minutes
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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?
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Date	HOO Signature Roll Galtbulley
	Print Name RONADM BACHTENBERG

Date: 4-18-06

CITY OF MADISON

Registrat	ion Statement	Common Council COMMITTEE	
Please Print Agenda No. 25	03194 Allied Denus	PLEASE PRINT CLEARLY Name ROSEMARY LEE Address III W WILSON ST #	10 ₁₈
At this meeting are yo (If you answered "no of who you represent	pport Nor Oppose ou representing an organ "STOP; you need not and go on to the next q	nization or a person other than yourself: Yes to complete the rest of this form. If you answered "yes,	N o
Are you being paid fo	r your representation?	☐ Yes	□ No
		duties for this person or organization? Yes t complete the rest of this form. If you answered "yes,	☐ No " go on to the next
Speaking Limits:	Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes	

(SEE BACK)

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?
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Date	Signature
	Print Name

Date: 4/18/06

Registratio	n Statement -	Common Council	
		마는 COMMITTEE 한 사용을 통하는 경우를 받는 것으로 모르는 것으로 하는 것으로 되었다. 같은 기본도 하는 사용을 보고 있는 것으로 보고 있는 것으로 보는 것으로 가장하는 것으로 보고 있는 것으로 보고 있는 것으로 되었다.	
Please Print	03194	PLEASE PRINT CLEARLY	
		Name MAXINE OKAFO	ے
Agenda No.		Address 213 Summe	nd e
		Name MAXINE OKAFO Address 213 Sunny Mes Modroon WIS 537	7/ 3
Please check the approp	oriate boxes:		
		and Wish to speak	
Support Oppose		Do not wish to speak	
_ ••	port Nor Oppos	se Available to answer questions	
(If you answered "no," of who you represent ar	STOP; you need not and go on to the next q	anization or a person other than yourself: Yes WNo of complete the rest of this form. If you answered "yes," provide the new question.) The person or organization you are representing:	ıame
Are you being paid for	your representation?	Yes No	
		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
	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?
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Date	Signature
	Print Name

Date: \$\\\ 18\\ 06

Registration	on Statement -	
		AN COMMITTEE AND THE PROPERTY OF THE PROPERTY
Please Print (03194	PLEASE PRINT CLEARLY
		Name Earnestine Moss
Agenda No. 2	5	Name <u>Earnestine</u> Moss Address <u>2101 Post Fd.</u> ,#106 <u>Fitchburg</u> , coss
		Firehlava co I
Please check the appro	priate boxes:	
∑ Support		and Wish to speak
Oppose		Do not wish to speak
Neither Suj	pport Nor Oppo	Available to answer questions
(If you answered "no, of who you represent o	" STOP; you need no and go on to the next	anization or a person other than yourself: Yes No of 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 partial (If you answered "no, question)	part of your other pai	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
Speaking Limits:	Public Hearing (Cor	mmon Council)5 minutes
		3 minutes
	Omer items	illiania in minutes in the part of the property of the propert

Are you an e other governr	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, 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	

	CITY OF MADISON	
Registration Statement -	Common Council	
	COMMITTEE	
Please Print 03194	PLEASE PRINT CLEARLY	
	Name William Babcock	
Agenda No. 25	TOTAL A TOTAL OF THE POST OF A CONTROL OF THE POST OF A POST OF A CONTROL OF THE POST OF A CONTROL OF THE POST	
	Address 453 VIVGIMA TEV MACUSM IN 53726	
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Please check the appropriate boxes:	보다 된 자실 하는 일본 모든 그는 다른 하는 보고 모든 것을 들는 하는 하고 수 있다고 있다. 등 기본 기본 기본 기본 등 등 등 하는 기본	
Support	and Wish to speak	
Oppose	Do not wish to speak	
Neither Support Nor Oppo	se Available to answer questions	
	ganization or a person other than yourself: Yes No ot complete the rest of this form If you answered "yes," provide the name question)	
Name, address and telephone number of ea	ch person or organization you are representing:	
ALA WISCONSIN/Wisconsio	Society of Avalutats	
ALA WISCANSIN/WISCANSION 321 S Hamlem St, 0	1cdinn, W 53703	
(008-238-0180		
Are you being paid for your representation	?	
Are you appearing as part of your other paid duties for this person or organization? Yes \sum No (If you answered "no," STOP ; you need not complete the rest of this form If you answered "yes," go on to question)		
Speaking Limits: Public Hearing (Co Information Hearin Other Items	mmon Council) 5 minutes g 3 minutes 3 minutes	

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, 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)		
If you are bei that:	ng 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 he City-County Building, Madison, for more information)		
Date <u>- U</u> B	Signature Whan Baback Print Name William Baback		
	Print Name WINUAU IMOCOCK		