Date: 4-18-2006

Please Print O3363 PLEASE PRINT CLEARLY Name Dan Ross Address Address Address Address Please check the appropriate boxes: Support Oppose Oppose Neither Support Nor Oppose At this meeting are you representing an organization or a person other than yourself: At this meeting are you representing an organization or a person other than yourself: At this meeting are you represent and go on to the next question) Name, address and telephone number of each person or organization you are representing:	Registration Statement -	- Common Council
PLEASE PRINT CLEARLY Name Dan Ross Dan Band Dan Ross Dan Ross Dan Ross Dan Band Dan Band Dan Ross Dan Band D		도 하는 COMMITTEE 그 전 도 시간 시간 시간 시간 보는 역을 된 시간 도 하는 것으로 한 분이 되는 것이다. 시간 보고 있는 것 같다. 그는 일 하는 것 같은 그는 것 같다. 그는 것 같은 것 같은 것 같은 것 같은 것 같다. 그는 것 같은 것 같은 것 같다.
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Address Address IQ 5 N Hamily St. Unit 60. Madison W1 53703		Name Dan Ross
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)	Agenda No.	Address 12 5 0) Hamiton St. Unit 60
Please check the appropriate boxes: Support		Madison W1 53703
Support Oppose Neither Support Nor Oppose 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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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)		Do not wish to speak
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)	1 	Available to answer questions
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of who you represent and go on to the next question)		-
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Are you being paid for your representation?	Are you being paid for your representation	ı? ☐ Yes ☐ No
Are you appearing as part of your other paid duties for this person or organization?	Are you appearing as part of your other pa	id duties for this person or organization?
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next		
question)	question.)	
Speaking Limits: Public Hearing (Common Council)5 minutes	Speaking Limits: Public Hearing (Co	ommon Council)5 minutes
Information Hearing 3 minutes	Information Hearin	ng 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?
	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)
If you are be that:	ing 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?
•	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

Registration	on Statement -	Common Council
		되는 COMMITTEE 전 일반 전 전 시간
Please Print	3363	PLEASE PRINT CLEARLY
	0-1	Name Charlie Squires Address 125 N. Hamilton St Unt 602 Madison, WI 53703
Agenda No.		Address 125 N. Hamilton St Unit 602
		Madison, WI 53703
Please check the appro	priate boxes:	
Support Support		and Wish to speak
Oppose		Do not wish to speak Available to answer questions
Neither Su	oport Nor Oppos	se
(If you answered "no, of who you represent a	" STOP; you need no and go on to the next o	anization or a person other than yourself: Yes No of complete the rest of this form. If you answered "yes," provide the name question.) The person or organization you are representing:
Are you being paid for	your representation?	☐ Yes ☐ No
		I duties for this person or organization? Yes No 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
	Other Items	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? Yes No	
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Date	Signature	
	Print Name	

Registration Statement -	Common Council COMMITTEE	
Please Print 03363	PLEASE PRINT CLEARLY	
Agenda No. 9 7	Name <u>MAXINE</u> OKAFU Address 213 Sunny meall 2 MAdison	
Please check the appropriate boxes:		
Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions Se	
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 ea	ch person or organization you are representing:	
Are you being paid for your representation	? □ Yes □ No	
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Speaking Limits: Public Hearing (Co Information Hearin	mmon Council) 5 minutes g 3 minutes 3 minutes	

Are you an el other governr	lected 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	

Registration Statement	
	COMMITTEE THE STATE OF THE STAT
Please Print 03363	PLEASE PRINT CLEARLY
a de la companya della companya dell	Name EARNESTINE MOSS
Agenda No.	Name <u>EARNESTINE</u> MOSS Address <u>2101 Post Rd.,#106</u> Fitchburg UIT 53713
	Fitchburg WIT 537/3
Please check the appropriate boxes:	
⊠ Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
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	ganization or a person other than yourself: Yes No not complete the rest of this form If you answered "yes," provide the name question)
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Are you being paid for your representation	?
Are you appearing as part of your other pa (If you answered "no," STOP ; you need n question.)	id duties for this person or organization? Yes No not complete the rest of this form If you answered "yes," go on to the next
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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?	
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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	

Registration Statement	Common Council committee
Please Print O3363 Agenda No. 97	PLEASE PRINT CLEARLY Name Morly N Feel Address 2634 Alpha Pal Mullson
of who you represent and go on to the next qu	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
question.)	complete the rest of this form If you answered "yes," go on to the next
Information Hearing	mon 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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If you are bothat:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised	
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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 the City-County Building, Madison, for more information)	
Date	Signature	
	Print Name	

Registrat	tion Statement -	Common Council
Please Print	03363	PLEASE PRINT CLEARLY
Agenda No.	97	Name Alfonso Zipida-Capistra Address 308 Foresfor Dr. Cottage Zron W1 53727
Please check the app	ropriate boxes:	
Support Oppose Neither S	upport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions Be
(If you answered "no		anization or a person other than yourself: Yes No to complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and to	elephone number of eac	ch person or organization you are representing:
Are you being paid for	or your representation?	☐ Yes ☐ No
		I duties for this person or organization? Yes No t complete the rest of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing	nmon Council) 5 minutes 3 minutes

and the second of the second o	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
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Date	Signature
	Print Name

Registration	on Statement -	Common Council	
		COMMITTEE	
<u>Please Print</u>	©336 <u>3</u>	PLEASE PRINT CLEARLY	
OF		Name //ekg Helkowe	
Agenda No.		Address 2964 Unim St	
		Madism 53704	
Please check the appro	priate boxes:		
Support		and Wish to speak	
Oppose		Do not wish to speak Available to answer questions	
Neither Suj	pport Nor Oppos		
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 tele	ephone number of each	ch person or organization you are representing:	
Are you being paid for	your representation?	? ☐ Yes ☐ No	
Are you appearing as I (If you answered "no, question)	part of your other paid "STOP; you need 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	
Speaking Limits:	Public Hearing (Cor Information Hearing	mmon Council) 5 minutes	
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Are you an el other governr	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: 4/18/66,____

Registration Statement -	Common Council
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Ø3363	PLEASE PRINT CLEARLY
	Name Shoila Toldo
Agenda No. 97	Address 1970 Hound St # 1
	Madron W
Please check the appropriate boxes:	
☑ Support	and ☐ Wish to speak ☑ Do not wish to speak
Oppose	Available to answer questions
☐ Neither Support Nor Oppo	
At this meeting are you representing an org	ganization or a person other than yourself: Yes No
(If you answered "no," STOP; you need n	ot complete the rest of this form. If you answered "yes," provide the name
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Are you being paid for your representation	? □ Yes 🗹 No
	id duties for this person or organization? Yes No
Are you appearing as part of your other pa	not complete the rest of this form. If you answered "yes," go on to the next
question)	
Speaking Limits: Public Hearing (Co Information Hearin	
Other Items	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		
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Registration Sta	COMMITTEE	il Couliei	
Please Print 03	363 plea	SE PRINT CLEARLY	
		오늘 경찰을 가격하는 그 다음 한 반으시기까?	
a_{γ}	Name	ess CIOZ MANITOWOC	
Agenda No. 97	Addr	ess SIOZ MANITOWOC	JARNWA 9
Please check the appropriate bo)Xes:		
⋈ Support		and Wish to speak	
Oppose		Do not wish to s Available to ans	peak wer questions
Neither Support N	Vor Oppose		wor quositoris
At this mosting are you represe	enting an organization or a	person other than yourself:	TYes ▼ No
(If you answered "no," STOP;	you need not complete the	rest of this form. If you answered	d "yes," provide the name
of who you represent and go or	ı to the next question)		
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Are you being paid for your re	presentation?		Yes No
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	our other paid duties for this you need not complete the	s person or organization? rest of this form. If you answere	Yes Wood "Yes," go on to the next
question)			
Speaking Limits: Public	Hearing (Common Council) 5 minutes	
Informa	ation Hearing	3 minutes	
Other I	tems	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: 4800
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print © 3363	PLEASE PRINT CLEARLY
	Name Hecter O. Janier
Agenda No. 7/	Name Hecto- O. Javier Address 3329 Leopal Way #206 Mudison VI. 53713
Please check the appropriate boxes:	Muuson VI, Sollo
Support Oppose	and Wish to speak Do not wish to speak Available to answer questions
Neither Support Nor Oppos	
At this meeting are you representing an organism (If you answered "no," STOP; you need not of who you represent and go on to the next of	nnization 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:
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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)	I duties for this person or organization? Yes No to complete the rest of this form If you answered "yes," go on to the next

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

Speaking Limits:

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	

Registration Statement -	COMMITTEE		
Please Print © 3363	PLEASE PRINT CLEARLY		
Agenda No. 97	Name Schuador Carranza Address 7837 Wood Reed Drive Madison, WI 53719		
Please check the appropriate boxes:			
SupportOpposeNeither Support Nor Opposition	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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Are you being paid for your representation	?		
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	97	Name / C/2/////////////////////////////////
Agenda No.		Address 410 2 Mindow VAIJey W
		Name Peter MUNOZ Address 410 Z Mendow VAlley D Madism 53704
Please check the app	ropriate boxes:	
▽		and Wish to speak
Support		Do not wish to speak
Oppose	ANT O	Available to answer questions
Neither Si	upport Nor Oppos	♥ 10 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 2 2 2
At this meeting are v	ou representing an orga	anization or a person other than yourself: Yes No
(If you answered "no	o." STOP: you need no	t complete the rest of this form. If you answered "yes," provide the name
of who you represent	t and go on to the next q	question)
Name, address and to	elephone number of eac	ch person or organization you are representing:
		- 현실 수 있는 사람들은 사용하는 하는 사람들은 하는 하는 사람들은 하는 경험 사람들은 사람들은 사람들은 사람들은 수 있다.
Are you being paid f	or your representation?	The second secon
		I duties for this person or organization?
Are you appearing as	s part of your other paid	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
(1J you answerea no question)	o, SIOF, you need no	tomplete the lest of this form if you answered yes, go on to the new
question)		
Speaking Limits:	Public Hearing (Con	
	Information Hearing	医阿克内氏征 医水体 经收益 医大大性 医二氏性 医二氏性 医二氏性 医二氏性 医二氏性 医二氏性 医二种性原因 医二种性原因 医二种原因 医二种原因 化二种原因
	Other Items	de la la reconstante 3 minutes establicada di la

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?		
	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)		
If you are be that:	ing 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?		
	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		