Registra	tion Statement -	
Please Print	0057	COMMITTEE
		PLEASE PRINT CLEARLY
	7	Name Maribeth Witzel-Bekl
Agenda No.		Address 4126 Westerfield Lane
		- Madison W1 53704
Please check the app	propriate boxes:	
Support Oppose Neither S	upport Nor Oppos	and Wish to speak -> only of selections Do not wish to speak from consequence Available to answer questions agend
(If you answered "n	you representing an orga o," STOP; you need not at 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 tuestion)
Name, address and t	elephone number of eac	h person or organization you are representing:
Are you being paid	for your representation?	☐ Yes → No
		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 elether governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
If you answe his form. If y	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)
If you are be that:	sing 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.
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(Please go Room 103 oj	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)
	마마하는 모든 모든 보고 보고 있는데 보고 보고 있었습니다. 그리고 보고 보고 보고 있는데 보고 있는데 보고 있는데 보고 있는데 보고 있는데 보고 있는데 보고 있다. 그리고 보고 있는데 보고 있는데 보고 있는데 그런데 그런데 보고 있는데
Date	Signature Print Name

CITY OF MADISON

Registratio	n Statement	Common C	ouncil		
		COMMITTEE			
Please Print	059	PLEASE I	PRINT CLEARLY		
G7.		_A Name	Manay	L. KOWFTENDIU	1
Agenda No		Address	326	L. KowAlensla Humming bird Lar	<u>e</u>
			MANY	in we S371	14
Please check the approp	riate boxes:				
Support Support				n to speak	
Oppose				ot wish to speak lable to answer questions	
Neither Sup	port Nor Oppose		/ Avai	lable to answer questions	
At this meeting are you (If you answered "no," of who you represent ar	STOP; you need not	complete the rest	on other than you of this form. If y	urself: Yes No you answered "yes," provide	the name
Name, address and telep	phone number of each	n person or organi	zation you are re	presenting:	
Are you being paid for	your representation?			☐ Yes No	•
Are you appearing as pa (If you answered "no," question.)				ion? Yes No you answered "yes," go on to) o the next
	Public Hearing (Com Information Hearing Other Items	aa a oo a o ao aa	3 minutes		

(SEE BACK)

	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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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fthe City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Registrat	ion Statement -	COMMITTEE	<u>)n C</u>	Council
Please Print	10059		医肾髓内积分泌	PRINT CLEARLY
Agenda No. 7	7	Nan Add	e ress	Debra Schmidt 2690 Research Park In: Fitchbura WI 53711
Please check the app	ropriate boxes:			
Support Oppose Neither St	ipport Nor Oppos	s e		and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no of who you represent	o," STOP; you need no and go on to the next	ot complete the question)	e rest	son other than yourself: Yes No set of this form If you answered "yes," provide the name
Name, address and te	lephone number of each	ch person or o	rganı	nization you are representing:
			No. 1	
Are you being paid for	or your representation?	?		☐ Yes XNo
Are you appearing as (If you answered "no question.)	part of your other paid, "STOP; you need no	d duties for th ot complete th	is per e resi	erson or organization? Yes No est of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3		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, 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
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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: <u>5/6/08</u>

Registrat	tion Statement - ַ	Common (Council	
Please Print	0059	PLEASE	PRINT CLEARLY	
		Name	RONDA STATZ	
Agenda No.		Address	2711 LAFOUETTE AVE	
			MADISON WI 53704	
Please check the app	ropriate boxes:			
Support			and Wish to speak	
Oppose			Do not wish to speak	
	upport Nor Oppos	e	Available to answer questions	
of who you represen	t and go on to the next q	uestion)	st of this form. If you answered "yes," provide the name nization you are representing:	
Are you being paid i	for your representation?		☐ Yes \ No	
Are you appearing a (If you answered "n question)	s part of your other paid o," STOP; you need no	duties for this pe t complete the re		
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	цивива попинай дара-апопилани	3 minutes	

Are you an el	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form. If y	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.)
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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(Please go Room 103 of	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

Registrat	ion Statement	Common Council
Please Print	10059	PLEASE PRINT NAME CLEARLY
Agenda No.	7	Name Helen Dietzler Address 610 Western Av. Madism wt 53711
Please check the ap	propriate box:	Please check the appropriate box:
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	or your representation?	☐ Yes Ž\No
		duties for this person or organization? Yes to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	"我们看一起,我们就是一个大大的,我们就是一个大大的,我们就是一个大大的,我们就是一个大大的,我们就是一个大大的,我们就是一个大大的,我们就是一个大大的,我们就

Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or Yes No		
(If you answer this form If yo	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 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?		
(Please go to Room 103 of	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: 5/4/08

Registration Statement	Common Council COMMITTEE
Please Print 10059	PLEASE PRINT CLEARLY
Agenda No.	Name Tammy Peters Address 43K Jefferson St. Tort Atkinson, WIS 3578
Please check the appropriate boxes:	하는 문자를 받는 것이 하는 것이 되었다. 이 경기에 가는 것이 되었다. 그는 것이 되었다. 그는 것은 것이 되었다. 그 것이 보통하는 것이 되었다. 그는 것이 없는 것이 없 그런 것이 많은 것은 것이 되었다. 그는 것이 없는 것이 없다면 없는 것이 없다면 없는 것이 없어 없는 것이 없습니 없는 것이 없어
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," STOP; you need not of who you represent and go on to the next quantum of the	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	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 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
	nmon Council) 5 minutes 3 minutes 3 minutes

Are you an e	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answe this form If y	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)
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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(Please go Room 103 o	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: 5/6/08
	CITY OF MADISON
Registration Statemen	t - <u>Common Council</u> COMMITTEE
Please Print 10059	PLEASE PRINT CLEARLY
Agenda No. 77	Name GRORER PRWN - Address 4634 BOWNER CAME MADISON 53784
	MADISON 53704
Please check the appropriate boxes: Support Oppose Neither Support Nor Opp	말리면 사람들은 하는 사람들은 작업을 받는 사람들은 모든 보면 살았다. 그리고 말라 <u>고</u> 하는 것 같다.
	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name ext question)
Name, address and telephone number of	each person or organization you are representing:
Are you being paid for your representati	on?
	paid 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 (Common Council)5 minutes

Other Items

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?
(If you answe this form If y	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
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(Please go Room 103 of	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: May 6

Registration Statement -	Common Council
Please Print 1005 9	PLEASE PRINT CLEARLY
Agenda No.	Name Paul Malisch e Address "Muh lish key" 4825 Bay Field Marlison
Please check the appropriate boxes:	
(If you answered "no," STOP; you need no of who you represent and go on to the next	anization or a person other than yourself: \ \ \ Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name, address and telephone number of each	ch 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)	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
Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes

	Print Name
Date	Signature
Room 103 oj	f the City-County Building, Madison, for more information)
(Please go	to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at
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?
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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.
f you are be hat:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
his form If y	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)
other governi	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?

