Date: 7/11/05

Registration Statement	Common Cou	ncil		
227	COMMITTEE			
Please Print 5	PLEASE PRIN	IT CLEARLY		
	Name	Maria	ano M	Toether
Agenda No.	Address	6105		1.01
	Address	11/2/2	quie	Ta Med
		IV (agus)	$n, \omega$	557UT
Please check the appropriate boxes:				
Support	and	☐ Wish to spe	ak	
Oppose Repeal of / 2  Neither Support Nor Oppose	_	Do not wish	to speak answer ques	tions
Neither Support Nor Oppose		Available to	answer ques	uions
At this meeting are you representing an organ			Yes	□No
(If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu		his form. If you answ	vered "yes,"	provide the name
		*	_	
Name, address and telephone number of each	person or organization	n you are represent	ing: /	
Commi	muear	A Do	D[	
157	1 Willia	man S	7	
Mar	lison, W		/	
Are you being paid for your representation?	) 		Yes	□No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not a question)			Yes wered "yes,"	☐ No go on to the next
Speaking Limits: Public Hearing (Comn Information Hearing				
	2:			

		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, <b>STOP.</b> 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 that:	are be	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 the City-County Building, Madison, for more information)
Date _		7/11/06 Signature Marianne Morta
		Print Name MARAME MORJON

Date: 7/11/06

Registration Statement	COMMON COUNCIL COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name AMY Weidert Address 802 Williamson St #2
Agenda No.	Address 802 Williamson St #2
	Madism 53703
Please check the appropriate boxes:	
Support	and ☐ Wish to speak ☑ Do not wish to speak
<ul><li>☑ Oppose</li><li>☑ Neither Support Nor Oppose</li></ul>	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 quality of the state of the st	nization or a person other than yourself: Yes X No complete the rest of this form If you answered "yes," provide the name uestion)
Name, address and telephone number of each	n 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," <b>STOP</b> ; you need not question)	duties for this person or organization?  Yes No 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

Are you an e other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	ered "yes" to the question, <b>STOP.</b> 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:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 7	11/0\signature
	Print Name Amy Weidert

	Date: 7-11-06
	CITY OF MADISON
Registration Statement	COMMON COUNCIL COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Marsha Runnel
Agenda No.	Name Marsha Rummel  Address 1339 Rubledge 5+ #2  Madison WI 53703
	Madison WI 53703
Please check the appropriate boxes:	
■ Support	and Wish to speak
<ul><li>✓ Support</li><li>✓ Oppose</li></ul>	∇ Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
marquette Neighbor	hood Assoc
Are you being paid for your representation?	☐ Yes ⊠ No
Are you appearing as part of your other paid of (If you answered "no," <b>STOP</b> ; you need not question.)	luties for this person or organization?  Yes No 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?
	red "yes" to the question, <b>STOP.</b> 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: $7 - 11 - 06$
	CITY OF MADISON
Registration Statement	COMMON COUNCIL COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Mary ANGLIM  Address 2134 E W as hington Av  Madesen 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
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No

Yes

Speaking Limits:

question)

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

Are you appearing as part of your other paid 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

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
1	vered "yes" to the question, <b>STOP.</b> 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: 7/11/06

Registration Statement	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	그들은 회사들은 그 가장 그 가장 그 가장 하는 사람들이 가장 하는 그 그를 가득하고 있다.
	Name Carol Kiernel Address 2769 Marshall Phany
Agenda No.	Address 2769 Marshall Haux
	537/3
Please check the appropriate boxes:  Support	and Wish to speak  Do not wish to speak
Oppose Noither Support Non Oppose	Available to answer questions
Neither Support Nor Oppose	선생들 마실 아무리는 보면 되는 사람들은 어디는 것이 있다.
At this meeting are you representing an organiz (If you answered "no," <b>STOP</b> ; you need not co of who you represent and go on to the next questions.	omplete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each p	person or organization you are representing:
League of Women Vo	ters of Dane 6 232-9447 Suite 2
2712 Marshall ct.	Suite 2
Are you being paid for your representation?	☐ Yes ☐ No
	uties for this person or organization? Yes No omplete the rest of this form If you answered "yes," go on to the next
question)	
1	on Council) 5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

	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, <b>STOP.</b> 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:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go t 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: 6-11-06

Registration Statement	COMMITTEE COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name 10M + WRECH Address 14 N. Allen St
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 organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of each	
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 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

Are you an e other government	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, <b>STOP.</b> 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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	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: 7/1//06

## **CITY OF MADISON**

Registration Statement - COMMON COUNCIL

		WWIIIEE		
Please Print				
		PLEASE P	RINT CLEARLY	
		Name _	Harry Dic	Lardson
Agenda No.		Address _	18 She	VMGHTEV. WO.
			Madison	WI 53701
Diago chook the enm	ronrieto boxego			
Please check the appr	ropriate doxes:			
Support		a	nd 🔲 Wish to spe	ak
<b>Oppose</b>			Do not wish	to speak
	ipport Nor Oppose		Available to	answer questions
	oppose that oppose			
At this meeting are y	ou representing an organizati	ion or a person	other than yourself:	☐ Yes
(If you answered "no	," <b>STOP;</b> you need not com	plete the rest o	of this form. If you ans	wered "yes," provide the nam
of who you represent	and go on to the next question	on)		
NT				
Name, address and te	elephone number of each pers	son or organiz	ation you are represent	ing:
	77-1444			
Are you being paid for	or your representation?			☐ Yes ☐ No
		· · · · · ·		
	part of your other paid dutie			Yes No
(If you answered "no question)	)," <b>STOP;</b> you need not com	plete the rest (	of this form. If you ans	wered "yes," go on to the ne
Speaking Limits:	Public Hearing (Common			
	Information Hearing		minutes	
	I ITHAY ITAMA	- 4	minitar	

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?
	red "yes" to the question, <b>STOP.</b> 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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	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: 11/06

#### CITY OF MADISON

**Common Council** 

**Registration Statement -**

COMMITTEE Please Print PLEASE PRINT CLEARLY Agenda No. Please check the appropriate boxes: Wish to speak and Support Do not wish to speak **Oppose** Available to answer questions **Neither Support Nor Oppose** 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 telephone number of each person or organization you are representing: □No Yes Are you being paid for your representation? Yes Are you appearing as part of your other paid 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) Public Hearing (Common Council) 5 minutes Speaking Limits: Information Hearing 3 minutes

Other Items 3 minutes

		elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
		ered "yes" to the question, <b>STOP.</b> 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 that:	are be	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
- Juit		Print Name

Date:	7	-/_	[1]	/0	4	:	

Registration Statement -		ouncil	
	COMMITTEE		
Please Print	PLEASE F	PRINT CLEARLY	
	Name	KONT DIS	cH
Agenda No.	Address	5936 SEN	MINDLE CENTRE CT
			W1 5371(
Please check the appropriate boxes:			
Support Oppose Neither Support Nor Oppose		Do 1	h to speak not wish to speak ilable to answer questions
At this meeting are you represent (If you answered "no," STOP; you of who you represent and go on to  Name, address and telephone nur  Madison Avea Bo  5936 Seminale Ge  with		rants	self: Yes No No nu answered "yes," provide the name
Name, address and telephone nur	support	not	oresenting:
Madison Avea Ko Wish	ing to s	speak	
Madison, WIS	0		
Are you being paid for your repr			Yes No
Are you appearing as part of you (If you answered "no," STOP; you need no question.)	t complete the rest	of this form. If	on? Yes No No you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	<b>ж</b> арадиция кантактора инстентивана		

	elected official or empl mental body?	oyee who is appearir	g solely on behalf of your office or for your municipality or  Yes No
	ered "yes" to the quest you answered "no" to		not complete the rest of this form, except that you must sign the next question)
If you are be that:	eing paid for your repi	esentation, or if you	r appearance is part of other paid duties, please be advised
1.	Before you engage with the City Clerk	in lobbying as a lobb	yist, you or your principal must file an authorization
2.	Your principal is no City Clerk	ot permitted to autho	rize you to lobby unless you are registered with the
3.		the principal must f	re than \$1,000 for lobbying services in any reporting ile expense statements with the City Clerk for the
	o the City Clerk's w the City-County Build		dison.com/clerk/index.html or go to the Clerk's Office at re information.)
Date 7	-/11/04	Signature	MADEST
		Print Name	KENT DISCH

15	11			5 -	٠.	٠,
	71	-/7/		 100	1.5	2
Date: W	/ /	1 1 0	٠.	 100		
Date.		<del>_                                    </del>	_	 -		-

Please Print  PLEASE PRINT CLEARLY  Name    Groe Schaeffer	Registration State	ment - COMMON COUNCIL  COMMITTEE
Address  Available to answer questions  Myes  Yes  Provide the name of who you answered "yes," provide the name of who you answered "yes," provide the name of who you are representing:  Are you being paid for your representation?  Are you appearing as part of your other paid duties for this person or organization?  Are you appearing as part of your other paid duties for this person or organization?  Are 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	Please Print	<del>i de la composition de la Martin de La Martin de La Colonia de La Colon</del>
Address  Available to answer questions  Myes  Yes  Provide the name of who you answered "yes," provide the name of who you answered "yes," provide the name of who you are representing:  Are you being paid for your representation?  Are you appearing as part of your other paid duties for this person or organization?  Are you appearing as part of your other paid duties for this person or organization?  Are 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		Name Carole Schaeffer
Please check the appropriate boxes:    Support	Agenda No.	Address 210 Crossroods DC
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.)  Name, address and telephone number of each person or organization you are representing:  \[ \lambda \l		Madison, Wi 53718
Oppose Neither Support Nor Oppose  At this meeting are you representing an organization or a person other than yourself:  Myes No  Off 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:  Madison WI 55718  Are you being paid for your representation?  Are you appearing as part of your other paid duties for this person or organization?  Are 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	Please check the appropriate boxe	THE THE STATE OF T
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:  SMATE YOU Crossicals PC  Madison WI 55718  Are you being paid for your representation?  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		
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:  \[ \text{Not} + \ \text{QCowth} \  \text{mad} \  \text{SO} \\ \text{Mad son} \  \text{WI SO} \\ \text{Are you being paid for your representation?} \]  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 \( \text{Mommon Mommon Council} \) \( 5 \) minutes \ \( \text{Information Hearing} \)		Available to answer questions
(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:  SMOT GOSS (COSS)  Are you being paid for your representation?  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		
Smart growth madison  All O Cross roads Pr  Madison wil 55718  Are you being paid for your representation?  Are you appearing as part of your other paid 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)  Speaking Limits:  Public Hearing (Common Council) 5 minutes  Information Hearing 3 minutes	(If you answered "no," STOP; yo	ou need not complete the rest of this form. If you answered "yes," provide the name
Are you being paid for your representation?  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	Name, address and telephone num	iber of each person or organization you are representing:
Are you being paid for your representation?  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	smart growth	~ madison
Are you being paid for your representation?  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	and Cross and D	
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	Madison WI 55	7/8
(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	Are you being paid for your repre	sentation?
Information Hearing 3 minutes	(If you answered "no," STOP; yo	
人名德巴马克 医克格特氏 医克里耳氏 医克里耳氏 医克里耳氏 医克里氏 医克里氏 医克里氏 医克里氏 医克里氏 医克里氏 医二氏管 医二氏管 医二氏管 医二氏管 医二氏管	Information	on Hearing 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?
	red "yes" to the question, <b>STOP.</b> 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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	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 _ 7-	11-06 Signature (2) 51 65-
	Print Name / aralo Jcho-Lac

Date: 7/11/06

Registrati	on Statement	COMMITTEE
Please Print		
		PLEASE PRINT CLEARLY
		Name Gabe Albrecht Address 3745 Mammoth Th.
Agenda No.		Address 3745 Mannoth Th.
		도한 사람들은 사람들이 되는 것으로 보는 것이 되었다. 그는 사람들은 사람들이 되었다. 문제가 하시되는 것으로 보는 것으로 보는 사람들이 보냈다. 등 사람들은 사람들이 되었다.
Please check the appr	opriate boxes:	
⊠ Support		and Wish to speak
Oppose		Do not wish to speak
	pport Nor Oppose	Available to answer questions
At this meeting are yo	ou representing an organ	ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name
	and go on to the next qu	
<b>NT</b> 11 1 1		
Name, address and te	ephone number of each	person or organization you are representing:
Are you being paid fo	r your representation?	$\square$ Yes $\square$ No
		luties for this person or organization? Yes No
(If you answered "no, question)	" <b>STOP;</b> you need not	complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Comn	non Council) 5 minutes
	Information Hearing	3 minutes
	Other Items	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, <b>STOP.</b> 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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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 the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 7/11/06

Registration Statement	Common C	ouncil		
	COMMITTEE			
Please Print	PIPAGE	DINT OLEADI		
		RINT CLEARL		
	Name	SATTA	KIYODES-	COWLAY
Agenda No.	Address	2642	HOARA	81
		MADI	RIYODES- HOARA 280N	
Please check the appropriate boxes:				
☐ Support			sh to speak	
Oppose			not wish to speak ailable to answer que	estions
Neither Support Nor Oppose	8			
At this meeting are you representing an organ	nization or a perso	n other than yo	urself: Yes	" No
(If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the restuestion.)	of this form. If	you answered yes,	provide the name
			•	
Name, address and telephone number of each	n person or organiz	cation you are r	epresenting:	
and the second of the second o		**		
Are you being paid for your representation?			☐ Yes	☐ No
Are you appearing as part of your other paid	duties for this pers	son or organiza	tion? Yes	□No
(If you answered "no," STOP; you need not				" go on to the next
question)				
Speaking Limits: Public Hearing (Com				
Information Hearing	en i reale como accommonda político de motobolo de a La reale como accommonda político de motobolo de a	3 minutes		
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Are you an elother government	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, <b>STOP.</b> 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

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Date:	11.	1	90	1	1	

Registrat	committee	
Please Print	PLE.	ASE PRINT CLEARLY
Agenda No.	Nam Add	ne SATYA PHODES - CONUM Iress 2642 HOARD ST. MADISON
At this meeting are y (If you answered "no of who you represent	apport Nor Oppose ou representing an organization or a	e rest of this form. If you answered "yes," provide the name
Are you appearing as	or your representation? spart of your other paid duties for the paid of the paid of the paid of the paid that the paid not complete the paid that the paid the	☐ Yes ☐ No  nis person or organization? ☐ Yes ☐ No  ne rest of this form. If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing (Common Counci Information Hearing Other Items	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
(If you ansv this form. Ij	vered "yes" to the question, <b>STOP.</b> 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 of the City-County Building, Madison, for more information.)
Date	Signature Signature
	Print Name

Date: 7/11/06

Registration Statement -	Common Coul	<u>ncil de la companya </u>
	COMMITTEE	
Please Print		
	PLEASE PRIN	CLEARLY
	Name	Stetanie Jhul/
Agenda No. 6	Address	1014 Spaight St #1
		Stefanie Shull 1014 Spaight St #1 Madison W1 53703
Please check the appropriate boxes:		
Support	and	Wish to speak
Oppose		Do not wish to speak
Neither Support Nor Oppos	<b>e</b> 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Available to answer questions
At this meeting are you representing an orga	inization or a person of	ner than yourself: Yes No
of who you represent and go on to the next q	i compiete the rest of tr nuestion)	is form. If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organizatio	n you are representing:
		☐ Yes ☐ No
Are you being paid for your representation?		iesino
Are you appearing as part of your other paid	duties for this person	or organization? Yes No
	t complete the rest of t	his form. If you answered "yes," go on to the next
question)		
Speaking Limits: Public Hearing (Con	nmon Council)5 mi	nutes - All The Control of the Contr
Information Hearing	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nutes

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?		
	red "yes" to the question, <b>STOP.</b> 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 being that:	ng 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:	7-	//	-06	
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## **CITY OF MADISON**

Registration Statement -	Common Coun	cil
	COMMITTEE	
Please Print	DI PAGE DONIT	
	PLEASE PRINT	
	Name	Stefanie Shul
Agenda No.	Address	1014 Quight #1
		Stefanie Shull 1014 Spaight #1 Madison W1 5370
Discoult the communicate howers		
Please check the appropriate boxes:		
<b>Support</b>	and	Wish to speak
Oppose		Do not wish to speak
Neither Support Nor Oppos	e	Available to answer questions
of who you represent and go on to the next q	t complete the rest of this nuestion)	s 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," <b>STOP</b> ; you need no question)	duties for this person or t complete the rest of thi	organization?  Yes No No s form. If you answered "yes," go on to the next
Continue There are a particular and the		
	nmon Council) 5 minu	
	3 min	
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	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, <b>STOP.</b> 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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	Print Name
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	Date:
	CITY OF MADISON
Registration Stateme	
Please Print	PLEASE PRINT CLEARLY
	Name Ph./ Salkin
Agenda No. (	Address 127 N Main St
	Verong 1W, 53593
Please check the appropriate boxes:	
☑ Support	and <b>▼</b> Wish to speak
Oppose	Do not wish to speak
Neither Support Nor C	ppose Available to answer questions
At this meeting are you representing a (If you answered "no," <b>STOP</b> ; you no f who you represent and go on to the	an organization or a person other than yourself:   Yes No eed not complete the rest of this form If you answered "yes," provide the name next question)
Name, address and telephone number	of each person or organization you are representing:
PRI Salk	- REALTORS Association of South Central W.
	st Run Ro
	); 53593
Are you being paid for your represent	
Are you appearing as part of your oth (If you answered "no," <b>STOP</b> ; you n question)	er paid duties for this person or organization?   Yes VNo  eed not complete the rest of this form. If you answered "yes," go on to the next
Information H	g (Common Council) 5 minutes learing 3 minutes 3 minutes

	ected official or employee who is appearing solely on behalf of your office or for your municipality or		
other governn	nental body? ☐ Yes		
	red "yes" to the question, <b>STOP.</b> 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		
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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 <b>7</b> /	11/06 Signature Olive Alalkin		
	Print Name Milion H. Solkin		

Date: 7/1/06

Registratic		COMMITTEE	
Please Print			
1 louso 1 rate		PLEASE	PRINT CLEARLY
		Name	Sarah Davis
Agenda No.		Address	2414 Sommers Ave Madism W1 53705
			Madism WI 53705
Please check the appro	nriate hoves:		
T lease effect the appro-	pridic boxes.		
Support			and Wish to speak
Oppose			☐ Do not wish to speak ☐ Available to answer questions
Neither Sup	port Nor Oppose		Available to answer questions
of who you represent a	nd go on to the next qu	estion)	st of this form. If you answered "yes," provide the name nization you are representing:
Are you being paid for Are you appearing as p			☐ Yes ☐ No erson or organization? ☐ Yes ☐ No
(If you answered "no," question)	' <b>STOP;</b> you need not d	complete the re	st of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Comn		
	Information Hearing		
	Other Items	recense en composition es estador de composition de la composition della composition	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, <b>STOP.</b> 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 the City-County Building, Madison, for more information)
Date	Signature
	l New york on the charge and the control of the con

Date: ## 7/11/06

Registration Statement -	Common Council
Please Print	PLEASE PRINT CLEARLY
	Name Sarah Davio
Agenda No.	Address 2414 Sommers Are
	Madism W1 53705
Please check the appropriate boxes:	
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 orga	anization or a person other than yourself:   Yes No  to complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next of	
Name, address and telephone number of eac	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," <b>STOP</b> ; you need no question)	d duties for this person or organization?   Yes No  No ot complete the rest of this form. If you answered "yes," go on to the next
	人名西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西西
Speaking Limits: Public Hearing (Con	nmon Council)5 minutes

Are you an e other government	lected 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, <b>STOP.</b> 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 to Room 103 of	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: <u>7-11-06</u>
	CITY OF MADISON
Registration Statement -	COMMON COUNCIL COMMITTEE
Please Print Agenda No.	PLEASE PRINT CLEARLY  Name ROSEMARY LEE  Address [[[ W W LSON 53707
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 org	anization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	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?
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Other Items 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	vered "yes" to the question, <b>STOP.</b> 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: 7/11/06

Registration Statement	Common Council		
	COMMITTEE		
Please Print	PLEASE PRINT CLEARLY		
	Name JUL/A		
Agenda No.	Address 1626 MANSON ST		
	MADISON		
Please check the appropriate boxes:			
□ Support	and Wish to speak		
Oppose	☐ Do not wish to speak ☐ Available to answer questions		
Neither Support Nor Oppose			
At this meeting are you representing an orga	nization or a person other than yourself: Yes No		
(If you answered "no," STOP; you need not	t 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 each	h person or organization you are representing:		
	The state of the s		
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		
	t complete the rest of this form. If you answered "yes," go on to the next		
question.)			
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Information Hearing	3 minutes		

Are you an ele other governme	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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Date	Signature
	Print Name

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Date:	1-1	(-()	\a	100		٠.
Date.	· · ·	,	<del></del>	- :	1	

Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Bridget Kogers
Agenda No.	Address 802 Williamson St #)
	MadiSon, W/ 53703
Please check the appropriate boxes:	
■ Support	and ⊠ Wish to speak ☐ Do not wish to speak
<b>Oppose</b>	A vailable to answer questions
<b>☐</b> Neither Support Nor Oppose	
	스타이크 연기 시간 사람이가 이렇게 모양을 되고 있습니다.
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 complete the rest of this form. If you answered "yes," go on to the next
	mon Council) 5 minutes
Information Hearing Other Items	3 minutes

Are you an ele other governme	cted official or employee who is appearing solely on behalf of your office or for your municipality or ental body?
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Date	·Ole Signature DAA
	Print Name tridget Kogers

Date: 1/06

Registration Statement	COMMON COUNCIL COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Warren Je Mway
Agenda No.	Address 802 W. Manson St #2
	Name Warren Schwab  Address 802 W. Manson St. #2  Madison WI 53703
Please check the appropriate boxes:	
Support	and Wish to speak  Do not wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppose	e Available to answer questions
of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
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 to complete the rest of this form. If you answered "yes," go on to the next
	nmon Council) 5 minutes 3 minutes

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	ered "yes" to the question, <b>STOP.</b> 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 the City-County Building, Madison, for more information)
Date	////OC Signature
	Print Name

	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Kick A McKy
Agenda No.	Address 6902 011 (AU): 121
	MADISON Wisc 53717
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
of who you represent and go on to the next que Name, address and telephone number of each	
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not a question.)	duties for this person or organization?   Yes No complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	non 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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	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	A CANADA MARIA MARIA Maria Maria Ma
	Print Name