ID# 14181

Date: 4/2/09

Registration Statement	Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Tem Badave
Agenda No. 12	Address 512 OAK ST
	- V & O & O & O & O & O & O & O & O & O &
Please check the appropriate boxes:	
Support	and ☑ Wish to speak ☐ Do not wish to speak
Oppose	Available to answer questions
Neither Support Nor Oppose	 In the participation of the property of the participation o
At this meeting are you representing an organ	nization or a person other than yourself: Yes No
(If you answered "no," STOP; you need not	complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next qu	destion)
Name, address and telephone number of each	person or organization you are representing:
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)	
Speaking Limits: Public Hearing (Com	mon Council)5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

other ((If you	governn 1 answei	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body? Yes No Yes You need not complete the rest of this form, except that you must sign
this fo	rm. If y	ou answered "no" to the question, go on to the next question)
If you that:	are bei	ng 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?
		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	4/	1/16 Signature Tom BaDour

Print Name

Date: 4-21 09

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name For Elizabeth Ba Dour
Agenda No.	Address 512 Oak St
	Address 572 Oak St Madison, W1 53704
Please check the appropriate boxes:	
Support	and Wish to speak Do not wish to speak
Oppose	Available to answer questions
Neither Support Nor Oppos	er ditter var i de la transferie de la companya de
At this meeting are you representing an orga	anization or a person other than yourself: Yes No
(If you answered "no," STOP ; you need no 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
Name, address and telephone number of each	ch person or organization you are representing:
Are you being paid for your representation?	☐ Yes No
A ather noise	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no	ot complete the rest of this form. If you answered "yes," go on to the nex
question)	
Speaking Limits: Public Hearing (Con	nmon Council)5 minutes
Information Hearing	g3 minutes
Other Items	3 minutes
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Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
 Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
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 the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information)
Date 4-21-09 Signature Ligarith Ballones

Date: 4/21/09

Registratio	n Statement	Common Council COMMITTEE
Please Print		PLEASE PRINT CLEARLY
Agenda No. 12		Name <u>Karen Emery</u> Address <u>518 Oak St.</u> <u>Madison WI 53704</u>
Please check the appropriate Support Oppose Neither Sup	oriate boxes: port Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," of who you represent a	STOP; you need not nd go on to the next qu	nization or a person other than yourself: Yes No to 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		
Are you appearing as p (If you answered "no," question)	art of your other paid ' STOP; you need not	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
Speaking Limits:	Information Hearing	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?
	vered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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:	4-	2/2	o9	

Registration		Common C	ouncil		
Please Print			DINT OF FARIN		
		PLEASE	PRINT CLEARLY		
10 1		Name	Sheila Pr 541 Oak	-zesmil	u
Agenda No. 📈 🛨	.15	Address	541 Oak	Street	
			Madisa		
Please check the appropri	iate boxes:				
			and Wish to spe	ak	
Support Oppose			Do not wish	to speak	
~ ~	ort Nor Oppose		Available to	answer ques	tions
At this meeting are you r	epresenting an organiz	ation or a perso	on other than yourself:	Yes	∑ No
(If you answered "no," S	STOP; you need not co	omplete the rest	of this form. If you ans	wered "yes,"	provide the name
of who you represent and					
Name, address and telep	hone number of each p	erson or organi	zation you are represent	ing:	
	: · · · · · · · · · · · · · · · · · · ·		<u> </u>		
	·				
Are you being paid for y	our representation?			Yes	Ď No
Are you appearing as par (If you answered "no," a question)	rt of your other paid du STOP; you need not co	nties for this per complete the res	son or organization? tof this form. If you ans	☐ Yes wered "yes,"	⊠No go on to the next
	ublic Hearing (Commonformation Hearing				
	Other Items				

		ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
(If you this fo	u answer orm. If yo	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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that:	1.50	
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(Plea. Room	se go to 103 of 1	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	4.	71-09 Signature Shie Principi

Print Name Sheila