Date: 5/16/06

Negistration Statement -	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. §5	Name Danbara Wright #12
Agenda No.	Address 4833 Sheboy an ave 13
	Marson WD
Please check the appropriate boxes:	537/
⊠ Support	and 🕅 Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	e Available to answer questions
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	nuestion)
Name, address and telephone 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?
(If you answered "no," STOP ; you need not question)	t complete the rest of this form. If you answered "yes," go on to the next
	nmon Council) 5 minutes 3 minutes
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?
	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:	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?
(Please go to Room 103 of t	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:	15-10	,-06	2	

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name THOMAS Johnson
Agenda No. 85 Manditory Minimum Sick Leave	Address 1903 Sherman #2 Madison. WI, 53704
Please check the appropriate boxes:	
SupportOpposeNeither 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 qu	nization or a person other than yourself: " Yes No complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and telephone number of each T. A. G. 1121 UNIVE	어때가 하게 하는 일반도 하는 무슨 일일은 반장 하는 일반 하는 수 있는 하는 것 같아 되는 것 같아.
madison WI	
Are you being paid for your representation?	☐ Yes 🄀 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
Speaking Limits: Public Hearing (Communication 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: 5/12/06

그러워 하다 나는 물들이 얼마는 생님들을 이용하다며?	
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
H 25	Name Linda Jo Curtis Address 2102 Rosenberry Rd #3 Madison Wt 53711
Agenda No.	Address 2102 Rosenberry Rd #3
	Madison us 53711
Please check the appropriate boxes:	
	and Wish to speak
Support	and Number of Speak Do not wish to speak Available to answer questions
Oppose Neither Support Nor	Oppose 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	ne next question.)
Name, address and telephone number	er of each person or organization you are representing:
网络克莱 医多头角皮性坏疽 医水头虫 网络马克克 电电流电极 医电池	
Are you being paid for your represe	utation?
Are you being paid for your represen	
Are you appearing as part of your of	ntation?
Are you appearing as part of your of (If you answered "no," STOP; you question) Speaking Limits: Public Heari	her paid duties for this person or organization?

	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 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 i 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 fine City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 5-16 06

Registration		COMMITTEE	Council		
Please Print					
		PLEASE	PRINT CLEARLY		
		Name	16M5TA	D, CAM	PLEST).
Agenda No. <u>85</u>		Address	6351 M	ERRITH.	KIDGE
			MAD1501	1, W1,	53718
Please check the appropr	iate boxes:				
Support			and W Wish to	speak wish to speak	그는 그 모든 글이 아시 강은 말로 아니다 일반
Oppose Neither Supr	oort Nor Oppose			ole to answer que	stions
				16 V	NT NT
At this meeting are you in (If you answered "no,")	strop; you need not co	zation or a pers omplete the res	on other than yourse t of this form. If you	answered "yes,"	No provide the name
of who you represent and					
Name, address and telep	hone number of each p	person or organ	ization you are repr	esenting:	
Are you being paid for y	our representation?			Yes	Ď∕No
Are you appearing as pa	rt of your other paid do	uties for this pe	rson or organization	? Yes	□kNo
(If you answered "no," question)	STOP; you need not c	omplete the re	st of this form. If you	ı answered "yes,	" go on to the next
	Public Hearing (Comm				
	nformation Hearing Other Items				

Are you an e	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)
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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 3	-16-06 Signature Wessey A. Smotog
	Print Name (HARUES A. (Com = TAD)

Date: 5/16/56

Registration Statement	- Common Council
Please Print Agenda No.	PLEASE PRINT CLEARLY Name Michael Wicht Address 533 W. Main #108
Please check the appropriate boxes:	Jual 30 53705
Support Oppose Neither Support Nor Opp	
(If you answered "no," STOP ; you need of who you represent and go on to the ne	
Name, address and telephone number of Teaching Asst	each person or organization you are representing:
	nan St. 53703
256-43	
Are you being paid for your representation	on?
Are you appearing as part of your other part (If you answered "no," STOP ; you need question)	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
Information Hear	Common Council) 5 minutes ing

Are you an oother govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
(If you answ this form. If	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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(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 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 5/16/06

Registration Statement	: - <u>Common Council</u>
Please Print	PLEASE PRINT CLEARLY
	Name Laure Derger
Agenda No.	- Address 3318 Greaty ST
	Madeson 7 WY 53+1/
Please check the appropriate boxes:	
∑ Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
☐ Neither Support Nor Opp	1086 - 사용하다는 문제가 불러하고 함께 하는 것 같은 물리를 받았다는 것을 받았다. 그는 말이 되었다. 공항 회사 : 그는 그는 그는 말이 보면 하는 것은 모양 등 것을 보았다. 그는 것 같은 것 같
At this meeting are you representing an of (If you answered "no," STOP ; you need of who you represent and go on to the ne	organization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," provide the name at question.)
Name, address and telephone number of	each person or organization you are representing:
2001 U	1) Belturo
Madiso	Y
Are you being paid for your representation	on?
Are you appearing as part of your other to (If you answered "no," STOP; you need question)	paid duties for this person or organization? Yes No land to the rest of this form. If you answered "yes," go on to the next
Information Hear	Common Council) 5 minutes ing 3 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
A Total Control of the Control of th	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)
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Date	Signature
	Print Name

		그 김 아이가 되는 병원들이 걸었다.	Date	
		CITY OF MADISON		
Registra	tion Statement	Common Council		
Please Print		PLEASE PRINT CLEA	RLY	
	?		AM PROU	V
Agenda No. Sick	LEAVE	Address 2010 (2
		MADIS	The group of the first of the second second second second	
Please check the app	ropriate boxes:			
Support			Wish to speak	
Oppose			Do not wish to speak Available to answer ques	tions
Neither S	upport Nor Oppose			
(If you answered "n	ou representing an organ o," STOP; you need not t and go on to the next q	nization or a person other than complete the rest of this form uestion)	yourself: Yes If you answered "yes,"	No provide the name
Name, address and t	elephone number of each	n person or organization you ar	re representing:	
Are you being paid t	or your representation?		☐ Yes	□ No
Are you appearing a (If you answered "n question)	s part of your other paid o, " STOP; you need not	duties for this person or organ complete the rest of this form	ization?	☐ No go on to the next
Speaking Limits:	Information Hearing	mon Council) 5 minutes 3 minutes 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, 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: May 10 - 2006

CITY OF MADISON

Common Council

COMMITTEE

Registration Statement -

Please Print PLEASE PRINT CLEARLY ELAINE HARrIS DESMIH 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: Yes No Are you being paid for your representation? Are you appearing as part of your other paid duties for this person or organization? Yes (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

· · · · · · · · · · · · · · · · · · ·	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	

Date: 2006 May 16

Registration Stater	ment - Common Council	
Please Print	PLEASE PRINT CLEARLY	
Agenda No. <u>8</u> 5	Name RCHARD Address 2642 KF	S. RUSSELL NDALL AV. #2 WI 53705-3736
Please check the appropriate boxes		
Support Oppose Neither Support Nor	🗖 Availal	o speak wish to speak ole to answer questions
At this meeting are you representin (If you answered "no," STOP; you of who you represent and go on to	ng an organization or a person other than yourse u need not complete the rest of this form. If you the next question.)	elf: Yes No answered "yes," provide the name
Name, address and telephone numl	ber of each person or organization you are repre	esenting:
Are you being paid for your repres	sentation?	☐ Yes No
Are you appearing as part of your of (If you answered "no," STOP; you question.)	other paid duties for this person or organization uneed not complete the rest of this form. If you	? Yes No was answered "yes," go on to the next
	ring (Common Council) 5 minutes n Hearing 3 minutes 3 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? \[\sum Yes \sum \subseteq No \]
	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.)
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Date	Signature
	Print Name

Date: 3/16/2006___

Registration	on Statement	Common Council
Please Print		PLEASE PRINT CLEARLY
		- 어림은 장상의 하는다. 스트를 함께 하는 수 있는 사람들은 나는 사람들이 되었다.
Agenda No.		Name CAROL WEIDEZ
Agenda No. O		Address 1237 E. DAYTON ST
		Madison WI 53707
Please check the appro	priate hoves:	
Tioase check the appro	priate coxes.	
Support		and
Oppose Noither Sur	pport Nor Oppose	Available to answer questions
	photograph of the second	
		nization or a person other than yourself: Yes No
of who you represent a		complete the rest of this form. If you answered "yes," provide the name uestion)
Name address and tal	mhone number of each	
		n person or organization you are representing:
DWELMIN		가게 하지만 한다. 그렇게 함께 되는 것은 사람들에 가장 하는 것이 되었다. 그런 사람들이 되었다는 것이 되었다는 것이 되었다는 것이 되었다는 것이 되었다. 그런 그는 것이 되었다. 그런 그런 그리 그는 그런 것이 되었다. 그런 것이 되었다. 그런
520 Uni	rersity AV	
Are you being paid for	your representation?	☐ Yes 💆 No
Are you appearing as p	part of your other paid	duties for this person or organization? Yes No
	" STOP; you need not	complete the rest of this form. If you answered "yes," go on to the next
question)		
Speaking Limits:		mon Council) 5 minutes
	imormation riearing.	3 minutes

Are you an other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
(If you answ this form If	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.)
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Date	Signature
	Print Name

Date: 5 - 16 - 06

Registration Statement	Common Council COMMITTEE
Please Print	DI EASE DOINT CLEADLY
	PLEASE PRINT CLEARLY
	Name WHYNE BIBLOW
Agenda No.	Address 300 WASHINGTON #302
	Name WAYNE BIBELOW Address 30 W WASHINGTON #302 MAPISON W 53703
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppo	se Available to answer questions
(If you answered "no," STOP ; you need no of who you represent and go on to the next Name, address and telephone number of ea	ganization or a person other than yourself: Yes No ot complete the rest of this form If you answered "yes," provide the name question.) ach person or organization you are representing: MOCRATIC PARTY DIO
608 251 6	016
Are you being paid for your representation	? ☐ Yes ☑️Ño
Are you appearing as part of your other par (If you answered "no," STOP ; you need n question)	id duties for this person or organization? Yes Wo wot complete the rest of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Co	mmon Council) 5 minutes
	g 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, 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

라면 사람들이 가는 그들은 그를 가는 그리고 있는데 맛없다.	elle de la company de la c
	CITY OF MADISON
Registration Statement -	Common Council
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name MONNEST C. CILHARAS
Agenda No. 25	Address 710 SPRUCE ST
	MADISON, WI 53715
Please check the appropriate boxes:	
Support Support	and 🔼 Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	Available to answer questions
of who you represent and go on to the next of	t 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
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 nex
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? Yes No
: • ·	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: 5/16/06

Registrati	on Statement -	
		ing COMMITTEE Control to the Control of the Control
Please Print		PLEASE PRINT CLEARLY
82	- SICK	Name Sonja Johnson
Agenda No.	Lave	Address 26 COLF COURCE Pd
		Name Sonja Johnson Address 26 COLF Course Rd Madwan 53704
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 se
	" STOP; you need no	anization or a person other than yourself: Yes of complete the rest of this form If you answered "yes," provide the name question)
Name, address and tel	ephone number of each	ch person or organization you are representing:
	0^{-}	
Are you being paid for	your representation?	? ☐ Yes 🕍 No
Are you appearing as a (If you answered "no, question)	oart 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:	Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes
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Are you an elected office of the governmental boots.	cial or employee who is appearing solely on behalf of your office or for your municipality or Yes No	
	to the question, STOP. You need not complete the rest of this form, except that you must sign ed "no" to the question, go on to the next question)	
If you are being paid that:	or your representation, or if your appearance is part of other paid duties, please be advised	
	you engage in lobbying as a lobbyist, you or your principal must file an authorization City Clerk	
2. Your pi City Cl	incipal is not permitted to authorize you to lobby unless you are registered with the ark.	
period	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?	
•	Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ounty Building, Madison, for more information)	
Date	Signature	
는 글로그를 되었다는 것 같아는 걸음. 하다 경기 기업을 받는 것 같아요.	Print Name	

45			11 6/	
I	ate:	5	16-04	

Registration Statement -	Common Council
Please Print	The state of the s
	PLEASE PRINT CLEARLY
	Name Hoby Hougan Address 2112 Madison St. # 2
Agenda No. 85 Silk leave	Address 2112 Madison St.#2
	Madison WI 53711
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppos	e
At this meeting are you representing an orga	nization or a person other than yourself:
(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	ruestion)
Name, address and telephone number of eac	h person or organization you are representing:
Mighborhord Lan 975 Bascom Mac	
Malson UI	
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
Speaking Limits: Public Hearing (Com	nmon 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?
1 2 /	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
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 fithe City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 5/16/06

Registrat	ion Statement -	COMMITTEE	uncil	
Please Print		人名英格兰人姓氏 化氯化二甲基苯基	NT CLEARLY	
		Name	Leila Pine	
Agenda No. 85,	File#02077	Address	22 Chippewa Ct	
			Leila Pine 22 Chippewa Ct Madison, WI	53711
Please check the app	ropriate boxes:			
✓ Support		and	ing a contract the firm of the contract of the	
Oppose			☐ Do not wish to speak ☐ Available to answer que	etione
Neither Si	ipport Nor Oppos	e :::		
of who you represent	and go on to the next q	uestion)	this form. If you answered "yes, ion you are representing:	
			☐ Yes	√No
Are you being paid t	or your representation?			
Are you appearing a (If you answered "ne question.)	s part of your other paid o," STOP; you need no	duties for this person t complete the rest of	n or organization?	
Speaking Limits:		nmon Council) 5 r	ninutes	

	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, 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:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	kan di kacamatan di Kamerana di Kamera Kamerana di Kamerana di Ka

	Date:
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print SS Agenda No. Sie Clave	PLEASE PRINT CLEARLY Name Geergl fing ling you for the standard of the standa
Please check the appropriate boxes:	Madisa W153719
Support Oppose Neither Support Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions Se
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of car	The person of Organization you are oppositely a second of the person of
Are you being paid for your representation	? ☐ Yes → No
Are you appearing as part of your other pai (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
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and the second second	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, 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 both	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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 f the City-County Building, Madison, for more information) n Res (fland
Date	n Resistered Muy 15/06 Signature Ceapar
	Print Name George Mighane

Date: 5-16-06

Registration	on Statement	Common Co	uncil	-
		COMMITTEE		
Please Print		PLEASE PR	INT CLEARLY	
Agenda NoS		Name	Freddie (128 2414 Allied Dr.	か 3
Please check the appro	priate boxes:			
Support Oppose Neither Sup	oport Nor Oppose	an	d Wish to speak Do not wish to speak Available to answer questions	
At this meeting are you (If you answered "no," of who you represent a	' STOP; you need not	complete the rest of	other than yourself: \[Yes \] No this form If you answered "yes," provide to	he name
Name, address and tele	phone number of each	person or organizat	tion you are representing:	
	H 6	2)		
Are you being paid for	your representation?		☐ Yes → No	
Are you appearing as p (If you answered "no, question)			n or organization? Yes No f this form If you answered "yes," go on to	the next
Speaking Limits:	Public Hearing (Comr Information Hearing Other Items	3 r	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 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)
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

그 사람들은 강하는 것을 받았다.		사일은 중국인 경험을 하는 학교 모양을 만을 받았다.	Date:	
		CITY OF MADISON		
Registrat	ion Statement -	Common Council		
Please Print		PLEASE PRINT-CLEARLY		
Agenda No.	85	Name Jarold Address 205 CP Madisw	Lowe 1std Lan 1 6371	e Y
Please check the appr	opriate boxes:			
Support Oppose Neither Su	ipport Nor Oppos	☐ Do no ☐ Avail	to speak ot wish to speak lable to answer questi	ons
(If you answered "no	ou representing an orga o," STOP; you need not and go on to the next q	nization or a person other than your t complete the rest of this form. If yo question)	self: Yes ou answered "yes," p	☐ No rovide the name
Name, address and te	lephone number of eac	h person or organization you are rep	oresenting:	
Are you being paid for	or your representation?		☐ Yes	□ No
Are you appearing as (If you answered "no question)	part of your other paid o," STOP; you need no	I duties for this person or organization to complete the rest of this form. If y	on? [] Yes ou answered "yes," ş	☐ No go on to the next
Speaking Limits:		nmon Council) 5 minutes 3 minutes 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
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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 Clerk's Office at the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 5/16/00

Registration Stater	
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Fredhe (37) Address 24/4/ Allied D. T. S.
Please check the appropriate boxes	고려면 하는 것이 되었다. 그는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것
Support Oppose Neither Support Nor	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representir (If you answered "no," STOP; you of who you represent and go on to	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?
Are you appearing as part of your (If you answered "no," STOP; you question.)	other paid duties for this person or organization? Yes No u need 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 s 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 the City-County Building, Madison, for more information)
Date	Signature
	Print Name

	Date: 5 16 06
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print Agenda No. 25	PLEASE PRINT CLEARLY Name Dace A. Zeps Address 3013 Worthington Ave Madison, WI 53714
Please check the appropriate boxes: 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	t complete the rest of this form. If you answered "yes," provide the name
	h person or organization you are representing: Equal Prosperity,
Madison Sef	t-Sufficiency Subgroup
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)	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

	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 be 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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	CITY OF MADISON
Registration Statement	- Common Council
Please Print	PLEASE PRINT CLEARLY
Agenda No. 45	Name Josh Healey Address 122 N Bassett St
	Madison, W1 53703
Please check the appropriate boxes: Support Oppose Neither Support Nor Opp	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an or (If you answered "no," STOP ; you need of who you represent and go on to the nex	rganization or a person other than yourself:
	each person or organization you are representing:
Student Labor	Action Coalition
Are you being paid for your representatio	n? □ Yes ☑ No
Are you appearing as part of your other part (If you answered "no," STOP; you need question)	aid duties for this person or organization? Yes No not complete the rest of this form If you answered "yes," go on to the next
Information Heari	fommon Council) 5 minutes ng 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 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
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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
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Date: 5/16/2006

Registra	tion Statement -	Common Council	
		COMMITEE	
Please Print		PLEASE PRINT CLEARLY	
		Name DAN RO	BERTS
Agenda No. 85		Address (237 E	TZ MOTYAG.
		MADLEO	
Please check the app	propriate boxes:		
Support Support		and Wish to	
Oppose		Availah	vish to speak le to answer questions
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At this meeting are	you representing an orga	anization or a person other than yoursel	f: Yes No
	o," STOP; you need no nt and go on to the next o	t complete the rest of this form. If you a question.)	answered "yes," provide the name
name, address and	terephone number of eac	ch person or organization you are repre-	senting.
Are you being paid	for your representation?		☐ Yes ☐ No
Are you appearing a	as part of your other paid	duties for this person or organization?	Yes XNo
(If you answered "r question)	no," STOP; you need no	ot complete the rest of this form. If you	
Speaking Limits:	Public Hearing (Con	nmon Council)5 minutes	
	Information Hearing		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? \[\sum \text{Yes} \sum \text{No} \]
	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:	
		CITY OF MA	DISON		
Registrat	ion Statement	Common C	ouncii.		
Please Print		PLEASE	PRINT CLEARLY		
		N 7	Elizabeti 909 Vai Madis	1 Shir	ah
	75	Ivame	and 11-	// / <i>L</i>	
Agenda No.		Address	- 709 Vai	1/ey 57r	ram
			Madis	en, WI	53711
Please check the app	ropriate boxes:				
Support			andWish to sp	eak	
Oppose			Do not wis	h to speak	
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(If you answered "no of who you represent Name, address and to	ou representing an organ o," STOP; you need not t and go on to the next que elephone number of each	complete the resuestion) n person or organ	t of this form If you and it is it i	swered "yes,"	provide the name
Are you being paid f	or your representation?			Yes	-No
Are you appearing a (If you answered "n question)	s part of your other paid o, " STOP; you need not	duties for this pe complete the res	rson or organization? It of this form If you an	☐ Yes swered "yes,"	No go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	nemperina kike allahar sampur samer sikil	3 minutes		

		cted official or employee wental body?	ho is appearing solely on behalf of your o	office or for your municipality	or
			FOP. You need not complete the rest of this estion, go on to the next question)	s form, except that you must s	ign
If you a that:	re bein	ng paid for your representa	tion, or if your appearance is part of othe	r paid duties, please be advi	sed
	なかし かんしんしゃん	Before you engage in lobb with the City Clerk.	ying as a lobbyist, you or your principal n	nust file an authorization	
	2	Your principal is not perm City Clerk	nitted to authorize you to lobby unless you	u are registered with the	
	3.		will owe more than \$1,000 for lobbying sincipal must file expense statements with year?		
			www.cityofmadison.com/clerk/index.html adison, for more information.)	or go to the Clerk's Office	at
Date _		S	Signature		
			Print Name		

Date: 5/16/06

Registration Statement	Common Council		
	COMMITTEE	등하는 일반으로 하는 것으로 하였다. 상대 및 일반으로 한 일반으로	
Please Print			
	PLEASE PRINT CLEA		
	Name	en lurgus	
Agenda No.	Address 2 Y Z 1	Hoardst	
	Madi	en Thrgasa Hoardst Im, WI 53	,704
Please check the appropriate boxes:			
Support		Wish to speak	
Oppose		Do not wish to speak Available to answer ques	tions
Neither Support Nor Oppose		vanable to answer ques	
At this meeting are you representing an orga	nization or a person other than	vourself: 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 q	uestion)		
Name, address and telephone number of each	n person or organization you ar	e representing:	
Self Elle T	urgasin 242	1 Hoordst	Medisa
		-7979	
Are you being paid for your representation?		☐ Yes	归 No
Are you appearing as part of your other paid	duties for this person or organ	ization?	[TNo
(If you answered "no," STOP ; you need not question)	complete the rest of this form.		
Speaking Limits: Public Hearing (Com			
Information Hearing	"我","我们我们,我们,我们不知识,不是什么,我们还不知识,不知识。"		
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, 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: 5/16/06

Registrat	tion Statement - <u>Comm</u>	on Council	
	COMMITTEE	프로그램 등 경험 경험 경험을 받는 것이 되었다. 그런	
Please Print		EASE PRINT CLEARLY	
opisku pravledišky telpšiegis, ktyl Dobos pravlediški pod pravlediški		[통화] [제 [2] [1] [1] [2] - 사람들은 사람들은 사람들은 사람들이 되었다.	
OF		ne Kristin Hoffschmidt	
Agenda No. <u>85</u>	Ado	dress <u>529 Elmside</u> Blud,	
		Madison W1 53704	
Please check the app	ronriate hoves:		
i rease check the app	Topilate boxes.		
Support		and - Wish to speak Do not wish to speak Available to answer questions	
Oppose		Do not wish to speak Available to answer questions	
Neither S	upport Nor Oppose	Available to allowed questions	
of who you represent	t and go on to the next question) elephone number of each person or o	ne rest of this form. If you answered "yes," provide organization you are representing:	
Are you being paid f	or your representation?	☐ Yes ☐ N	O
Are you appearing a (If you answered "ne question)	s part of your other paid duties for tho," STOP; you need not complete th	his person or organization?	
Speaking Limits:	Public Hearing (Common Counc Information Hearing 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, 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: 5/16/06

		COMMITTEE
Please Print		PLEASE PRINT CLEARLY
		71100000000000000000000000000000000000
	X C	Name Patrick Oconnell
Agenda No		Address 1321 Milton St
		Name Patrick O'Connell Address 1321 Milton St Madison WI 53715
Please check the app	propriate boxes:	
i icase eneck the app	nophate boxes.	
Support		and Wish to speak
Oppose		Do not wish to speak
	upport Nor Oppos	Available to answer questions
		anization or a person other than yourself: Yes X No
		t complete the rest of this form. If you answered "yes," provide the name
of who you represen	t and go on to the next q	<i>question)</i>
Name address and t	elephone number of eac	th person or organization you are representing:
		ing linde engeligher de Belgig besching en ditting belgig belgingen in typingen blig dit an en binge beschi Ditting med ditting belgig in tip belgig beschingen benne belgig benne beschingen beschingen beschingen.
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
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Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes
	Other Items	astriction ,我们就是一样的简单是一样的。————————————————————————————————————

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)
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Date	Signature
	Print Name

Date: <u>4/6/06</u>

Registrat	tion Statement	Common (Council		
		COMMITTEE			
Please Print					
		PLEASE	PRINT CLEARLY		0
		Name	Mairc	Rosent Mourison ison	usl
Agenda No.	2		1,500	10	(4
Agenda No.		Address	1310 1	10001200	
			Madi	500	
Please check the app	ropriate boxes:				
Support			and Wish	to speak	
Oppose			Do n	ot wish to speak	
	upport Nor Oppos	e :	∐ Avai	lable to answer que	estions
At this meeting are y	ou representing an orga	nization or a pers	on other than you	rself: Yes	No
	o," STOP; you need not t and go on to the next q		i oj inis jorm. 1j y	ou unswereu yes,	provide the name
Name, address and t	elephone number of eac	h person or organ	ization you are re	presenting:	
Are you being paid t	for your representation?			☐ Yes	No.
Ara vou apparing a	s part of your other paid	duties for this ne	rson or organizati	on? Yes	No
(If you answered "n question)	o," STOP; you need no	t complete the res	st of this form. If y		" go on to the next
Speaking Limits:	Public Hearing (Con	mon Council)	5 minutes		
Showing runner.	Information Hearing	Angling and Angline and Angline and Angling and Angline and An	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, 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
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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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 fifther the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 5-16-96

Registrat	ion Statement -	Common Council	
		COMMITTEE	
Please Print			
		PLEASE PRINT CLEARLY	
	7	Name Jane	Jensen
Agenda No.		Address 5471 Wmshy	
		Audress 3 4 1/2 arm 12 14	
		10 Jach Son	
Please check the app	ropriate boxes:		
(/			
Support		and Wish to speak	o speak nswer questions
Oppose		Do not wish to	nswer questions
Neither Su	apport Nor Oppos		
At this meeting are v	ou representing an orga	anization or a person other than yourself:	TYes TNo.
(If you answered "no	o," STOP; you need no	t complete the rest of this form. If you answe	
	and go on to the next o		
Nome address and to	alanhone number of eac	ch person or organization you are representing	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Ivanie, address and it		in person of organization you are representing	5
Ara vay baing paid f	or vous consequentation?		TYes No.
Are you being paid i	or your representation?		
Are you appearing as	s part of your other paid	d duties for this person or organization?	☐ Yes ☐ No
(If you answered "no question)	o," STOP; you need no	ot complete the rest of this form. If you answe	ered "yes," go on to the next
Speaking Limits:	Public Hearing (Cor	nmon Council) 5 minutes	
opeaking Limits.		g 3 minutes	
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Are you an el other governn		oyee who is appearing	g solely on beh	alf of your office	or for your municipality or Yes No
1000	orași a central de la companie de l	tion, STOP. You need the question, go on to			m, except that you must sign
If you are be that:	ing paid for your rep	resentation, or if your	appearance is	part of other pa	id duties, please be advised
1.	Before you engage with the City Clerk.	in lobbying as a lobby	vist, you or you	ır principal must	file an authorization
2	Your principal is no City Clerk	ot permitted to author	ize you to lobl	oy unless you are	registered with the
3		ends or will owe more the principal must fi endar year?	 This is the first of a property of the control of the		가게 하는 사람들이 가득하는 가슴이 되는 것은 중요한 것이 되었다. 그 사람
		ebsite <u>www.cityofmac</u> ing, Madison, for mor			to the Clerk's Office at
Date <u>5 - /</u>	6-06	Signature	(Ja	ne Jo	ess.
		Print Name		Jáne	Jensen

		Here the second of the second
	CITY OF N	NADISON
Registration Sta	tement - <u>Commor</u>	1 Council
Please Print	PLEA:	SE PRINT CLEARLY
Agenda No.	Name Addre	teggy Haack ss 305 Clemons Ave Madison 53704
Please check the appropriate bo)Xes:	
Support Oppose Neither Support N	lor Oppose	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are you represe (If you answered "no," STOP; of who you represent and go or	you need not complete the i	erson other than yourself: \[Yes \times No rest of this form If you answered "yes," provide the name
Name, address and telephone n	umber of each person or org	ganization you are representing:
Are you being paid for your re	oresentation?	☐ Yes Yoo
Are you appearing as part of yo (If you answered "no," STOP ; question)	our other paid duties for this you need not complete the	person or organization? Yes No rest of this form If you answered "yes," go on to the nex
	Hearing (Common Council) ation Hearing ems	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 ental body? Yes No
	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
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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: 5 - 16 - 06

Registration Statem	Tent - Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Ruth A Schmidt
Agenda No	Address 2821 Regent Madison WI 53705
	Madison WI 53705
Please check the appropriate boxes:	
Support	and 🔀 Wish to speak
Oppose	☐ Do not wish to speak
Neither Support Nor	Oppose Available to answer questions
(If you answered "no," STOP ; you of who you represent and go on to t	g an organization or a person other than yourself: Yes \sum No need not complete the rest of this form If you answered "yes," provide the name he next question) er of each person or organization you are representing:
	rly Childhood Association
	ison Ste 200
Madison W.	C53703
Professional asso Are you being paid for your represe	cration of early childhood Professionals Tyes XNo
Are you appearing as part of your o	ther paid duties for this person or organization? Yes No
(If you answered "no," STOP; you question)	need not complete the rest of this form. If you answered "yes," go on to the next
	ing (Common Council) 5 minutes
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Other Items	3 minutes

Are you an ele other government	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 beir 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 <u>5</u> -	10-06 Signature Ruth A Schmidt

Date: 5/17-006

Registrat	tion Statement -	Common Council
Please Print		
		PLEASE PRINT CLEARLY
		Name MS JAA /homAS
Agenda No	5	Address 26/4 Countres Bos ECF
		Address 2614 Country HOSE CF MADISON W. 53713
Please check the app	ropriate boxes:	
		[1] : [1]
Support		and ∠ Wish to speak ☐ Do not wish to speak
Oppose		Available to answer questions
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At this meeting are y	ou representing an orga	nization or a person other than yourself: Yes No
(If you answered "no	o," STOP; you need not	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	uestion)
Name, address and to	elephone number of eac	h person or organization you are representing:
		Group = T.R.G.
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		가는 가장 보면 이 시간에 되는 것이 되었다. 그 이 사람들이 되었습니다. 그런 보는 사람들이 되었습니다. 그는 것은 것이 되었습니다. 현실 사용 보통을 하는 것이 되었습니다. 이 사람들이 되었습니다. 그는 것이 되었습니다. 그는 것이 되었습니다.
Are you being paid f	or your representation?	☐ Yes → No
Are you appearing as	s part of your other paid	duties for this person or organization? Yes No
(If you answered 'no question')	o, SIUF; you need no	t complete the rest of this form If you answered "yes," go on to the next
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Speaking Limits:		nmon Council)5 minutes
	Information Hearing	3 minutes

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	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:	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 May	17,006 Signature My Oda Humas Print Name I AB Thomas

		Date:
	CITY	OF MADISON
Registrati	on Statement - Con	nmon Council
Please Print		PLEASE PRINT CLEARLY
Agenda No	≥ \$	Name Cynthia Tichuis Address 3/50 D Poul Marson WT
Please check the appr	opriate boxes:	
SupportOpposeNeither Su	pport Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no,	ou representing an organization " STOP; you need not comple and go on to the next question	or a person other than yourself: Yes No te the rest of this form. If you answered "yes," provide the name
Name, address and te	lephone number of each persor	or organization you are representing:
Are you being paid fo	or your representation?	☐ Yes 🛛 No
Are you appearing as (If you answered "no question)	part of your other paid duties to a series of your other paid duties to a series of the part of your need not complete.	or this person or organization?
Speaking Limits:	Public Hearing (Common Co Information Hearing Other Items	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body? Yes No
	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)
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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 <u>M</u>	Print Name Cushin Tans

Date: 5-16-06

CITY OF MADISON

Registration Statement - Common Council

Please Print		PLEASE PRINT CLEARLY	
α		Name KUSSE (NOVII UV	
Agenda No.	9	Name Nase Movilov Address 48175hepoyGan Magison, W1537	A10-508
		11 - d Call 1 (1 5 9 7	15 1911
		1V(aq12gk,1V)(2210	77 × 11)
Please check the appr	opriate boxes:		
		and Wish to speak	
M Support		and Wish to speak Do not wish to speak	
Oppose		Available to answer quest	ions
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		renization or a negron other than yourself: Ves	X No
At this meeting are yo	ou representing an org	ganization or a person other than yourself: Yes ot complete the rest of this form. If you answered "yes," I	
of who you represent	and so on to the next	auestion)	
oj wno you represent	ana go on to the nest		
Name, address and te	lephone number of ea	ach person or organization you are representing:	
Are you being paid fo	r your representation	?	☐ No
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Are you appearing as	part of your other pa	id duties for this person or organization?	∐No
(If you answered "no question)	," STOP; you need n	not complete the rest of this form. If you answered "yes,"	go on to the next
	n.hti. II (C		
Speaking Limits:		ommon Council) 5 minutes 19 3 minutes	
		3 minutes	
医牙术病病 医乳腺管 医多氏性 医皮肤	Office frems	ing ngangangan ngananan ang mining pangangan sa pangangan sa katalah ng pangangan ng pangangan ng pangangan sa	

	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 be 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 the City-County Building, Madison, for more information)
Date	Signature
	Print Name

		CITY OF MA	ADISON			
Registratio	on Statement	Common committee	<u>Counci</u>			
Please Print						
Agenda No.		PLEASE Name Address	PRINT CI	LARLY LARLY LSOV	t OGRA/ WF	NA CIROL 53716
Please check the appro	priate boxes:					
Support Oppose Neither Sup	Support and Wish to speak					stions
At this meeting are you (If you answered "no, of who you represent a Name, address and tele	' STOP; you need not nd go on to the next q	complete the re uestion)	st of this fo	orm. If you ans		No' provide the name
Are you being paid for	your representation?				☐ Yes	□ No
Are you appearing as page (If you answered "no, question)	oart of your other paid "STOP; you need not	duties for this p	erson or or est of this f	ganization? form If you an	☐ Yes swered "yes,	☐ No " go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minute	S.		

(SEE BACK)

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

Date: May 16, 2006

Registration Stateme	ent - Common Council COMMITTEE	
Please Print	PLEASE PRINT CLEARLY	
Agenda No. <u>\$5</u>	Name <u>Corliss Olson</u> Address 133 Pine Lidge Trail Madison WI 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		
	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:	
Are you being paid for your represent	ation? ☐ Yes ☑ No	
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	g (Common Council) 5 minutes [earing 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 be 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 the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

					Date:	
		CITY OF MA	DISON			
Registrat	tion Statement -	Common (Council			
		COMMITTEE				
Please Print		DIFASE	PRINT CLEA	ARI Y		
	n .		5	7/1/21	LIAM	
Agenda No.	85	Name	-	CUEN	101 / Va	MAR TARRAT
Agenua 1 to.		Address		WU	MUCES	MAR TERRAL
Please check the app	oropriate boxes:					
Support				Wish to sp		
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Name, address and to	elephone number of eac	ch person or organ	ization you a	are represer	ting:	
	MULTI-STATE	WORKING &	FAMILIES	CONSU	RTIM	
	207 E B			机电流流 化二氯甲烷二氯甲烷	化硫酸 医脱毛虫 医乳头 医生物	
		0928				
Are you being paid f	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	d duties for this pe ot complete the re:	erson or organ st of this forn	nization? n If you an	☐ Yes swered "yes,	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing		5 minutes 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?
(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 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

		CITY OF MAD	SON		
Registra	tion Statement	Common Co	ouncil		
Please Print					
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	25	Name _	LINUSE,	\overline{C}	Unoht St
Agenda No.		Address	1343		いうりょうり
Please check the ap	propriate boxes:				
			nd Wish to spe	ak	
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Are you being paid	for your representation?			☐ Yes	No
	ns part of your other paid d no," STOP; you need not d			☐ Yes wered "yes,'	
Speaking Limits:	Public Hearing (Comn Information Hearing Other Items		minutes		
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	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
reserved to the second of the second	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:	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: 5-15-06

Registrati	on Statement -	Common Council
Please Print	사용하는 그들은 사용하다 하는 다시 	마시아 마시크 등 경우를 보고 있다. 그는 사람들은 사람들은 사람들이 하는 것이 되었다. 그는 것은 것은 것이 되었다. 사람들은 사람들은 기를 보고 있는 것이 되었다. 그는 것이 되었다. 그는 것이 되었다. 그는 것이 되었다.
		PLEASE PRINT CLEARLY
O		Name WillamEna Theus
Agenda No.	<u> </u>	Name Willamena Theus Address 222 Allied DR#7 Walison W. 53711
		W. 22 11 11 15 27 11
Please check the appro	opriate boxes:	는 보기를 하는 것이 되는 것이 되었다. 그런 사람들은 사람들은 사람들은 사람들이 되었다. 그는 것이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
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Oppose		Available to answer questions
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At this meeting are yo	ou 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	
Name, address and tel	ephone number of eac	h person or organization you are representing:
ARON	- 12 E	ed Drive Nijgherhoudeom
Are you being paid fo	r your representation?	Yes □ Mo
Are you annearing as	part of your other paid	duties for this person or organization? Yes No
(If you answered "no, question)	" STOP; you need no	t complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Con	nmon Council)5 minutes
	Information Hearing	3 minutes
	Other Items	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 nental body?
	red "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:	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
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Date: 5 16 6 6

Registratio	m Statement	COMMITTEE			
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Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes		
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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 <u>5/</u> /	16/06 Signature Guta Coffanson Print Name Greta Hansen		

Date: 5/16/56

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Speaking Limits:	Public Hearing (Commor Information Hearing Other Items	3	minutes		

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Registrati	on Statement	Common Cou	<u>ncil</u>		
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Speaking Limits:	Information Hearing	mon Council) 5 m 3 m 3 m	inutes		

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Date	Signature
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		COMMITTEE			
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Date	Signature
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Registra	tion Statement	Common	Council			
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Date	Signature
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Registrat	tion Statement -	Common COMMITTEE	Council				
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Agenda No.		Address	s <u>1225</u> Madi	Rutled Son 1	ge <	計 5370:	<u></u> ろ
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Date 5/	16/06 Signature Wall Types
	Print Name LAUMY LIMMENMAN

Date: 5-16-06

Registration Statement -	Common Council
Please Print	PLEASE PRINT CLEARLY
	Name VIVIAN ALLEN
Agenda No. X5	Address <u>U737 CRESCEN</u> +RD
	MOZIGAM
Please check the appropriate boxes:	
X Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppos	
	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 telephone number of eac	ch person or organization you are representing:
acorn-ALLIZO DA	rive NEIGHBORHOOD Community
Are you being paid for your representation?	Yes ☑ No
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	mmon Council)5 minutes

	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
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Date: 5/11/06

Registration S	tatement - <u>Common</u>	Council		
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	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
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		COMMITTEE			
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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
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				I	Date: 5	-16-06	
		CITY OF MA	DISON				
Registra	tion Statement -	Common C	ouncil				
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		Address	MARY 2134 Madese	'n 53-	704)	
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Speaking Limits:	Public Hearing (Com Information Hearing Other Items		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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(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)
Date	Signature
	Print Name

Date: 5/16(06

Registratio	n Statement	Common Co	ouncil		
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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
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		- 1			
		CITY OF MA	DISON		
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Please Print					
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	7 C	Name	YATRICK MCLE	00	
Agenda No	55	Address	625 N. FR	ANCES SY	meet
			PATRICK MCLE 625 N. FR MADISON, W	-1 53	707
Please check the appr	ropriate boxes:				
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Date	Signature
	Print Name

		Date	5-16-06
	CITY OF I	MADISON	
Registra	tion Statement - Commo	n Council	
Please Print Agenda No.		SEPRINT CLEARLY Marsha Rummel ess 1339 Rutledge Madison W1 53	st #2 703
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	Rainbow Booksture Coop. 426 W. Gilman St		
	Madison WI 5370	3	
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Speaking Limits:	Public Hearing (Common Council) Information Hearing Other Items	3 minutes	

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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.
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
	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)
Are you an e other governi	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?

	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Barry Hays Address 460 F of Conscert &
	Fithbus
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	nization or a person other than yourself: Yes \ \ No \ complete the rest of this form If you answered "yes," provide the name
H-COCN	n person or organization you are representing:
Allied Dr. / Dunn's	March Weylborhood Book
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	duties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next

5-11-06

Public Hearing (Common Council) 5 minutes

Information Hearing3 minutesOther Items3 minutes

question)

Speaking Limits:

Are you an elecother governmen	ted official or employee who is appearing solely on behalf of your office or for your municipality or ntal body? Yes No
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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 control of Clerk's Office at contro
Date	Signature
	Print Name

				Date:	
		CITY OF MADISC	ON		
Registrat	tion Statement -	Common Cour	ncil		
Please Print Agenda No.	85	PLEASE PRIN Name Address		jard	
Please check the app	ropriate boxes:				
Support Oppose Neither S	upport Nor Oppos	and se		speak wish to speak ole to answer ques	stions
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	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 fithe City-County Building, Madison, for more information.)
Date	Signature Wice Howard
	Print Name Hice Howard

		Barrier Date:
	CITY OF M	ADISON
Registra	tion Statement - <u>Common</u>	Council
	COMMITTE	
Please Print	DIEAC	E PRINT CLEARLY
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	Q Name	Anoy HEIDT
Agenda No.	<u>05</u> Addres	s 108 S. MIUS
		MADISON 53715
Please check the app	propriate boxes:	
Support		and Wish to speak
Oppose		Do not wish to speakAvailable to answer questions
Neither S	upport Nor Oppose	
(If you answered "n of who you represen	you representing an organization or a per to," STOP ; you need not complete the re at and go on to the next question) telephone number of each person or orga	est of this form. If you answered "yes," provide the name
Are you being paid	for your representation?	☐ Yes ☐ No
	is part of your other paid duties for this p no," STOP; you need not complete the re	erson or organization?
Speaking Limits:	Public Hearing (Common Council)	5 minutes
	Information Hearing	"我来说,我们们,我们们就是一个我们,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一
	Other Items	3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
3 V V	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 the City-County Building, Madison, for more information)
Date	Signature
	Print Name

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		CITY OF MA	ADISON			
Registrati	on Statement -	Common COMMITTEE	Council			
Please Print			E PRINT CLEARLY			
		Name	HeiDI	BIAN	CEM2	HVP
Agenda No. <u>85</u>		Address	HeIDI 113 C MAD	AMED	20.	
			MAD	1504	53	714
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If you are b that:	being 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: 5/6

Registratio	n Statement	Common Council
		COMMITTEE
Please Print		
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		Name Stein Henrick
Agenda No.	5	Address 7007 knifa
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Oppose		Do not wish to speak
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At this meeting are you	representing an orga	mization or a person other than yourself: Yes No
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oj wno you represent at	ra go on to the next q	
Name, address and tele	phone number of eacl	h person or organization you are representing:
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	10	B8X 1701
	Mai	disar, W1 53701
		☐ Yes 4→No
Are you being paid for	your representation?	······································
Are you appearing as p	art of your other paid	I duties for this person or organization?
(If you answered "no," question)	'STOP; you need no	t complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com	nmon Council) 5 minutes
		3 minutes
	Other Items	一起头头,头看上了小头,这一头一笑了。她一样说:"我们一个一个一个,一个一个一个女孩子的一点,一只要说,看到这个女孩子,不是这样的。""我这个一个一个女孩,她们

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

Date: 5-16-06

Registration	on Statement	Common	Council			
Please Print		COMMITTEE				
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Agenda No		Address	2015			
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Please check the appro	priate boxes:					
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207 E. B	UFFALO ST	- SUIT	E 211 1	11cw6	aukee	, W1. 53208
Are you being paid for	your representation?				Yes	₽ _{Mo}
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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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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 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

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		CITY OF MADISON
Registra	tion Statement -	Common Council COMMITTEE
Please Print		PLEASE PRINT CLEARLY
	1	Name Michael JACOS
Agenda No		Address 410 Kussec
		MADWON 53704
Please check the app	propriate boxes:	
Support		and Wish to speak Do not wish to speak
Oppose	upport Nor Oppos	Available to answer questions
At this meeting are v	ou representing an org	anization or a person other than yourself: Yes No
(If you answered "no	o," STOP; you need no	ot complete the rest of this form. If you answered "yes," provide the name
of who you represen	t and go on to the next	question)
Name, address and t	elephone number of eac	ch person or organization you are representing:
		등에는 하는 것이 없는 것이 없는 것이 살아 있다. 그는 사람들은 사람들은 사람들은 것이 되었다. 보통한 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
Are you being paid f	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	d duties for this person or organization?
Speaking Limits:	Public Hearing (Cor	mmon Council)5 minutes
		3 minutes
	Other Items	3 minutes

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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

Date: 5/16/06

Registra	tion Statement	Common Council
		COMMITTEE
Please Print		PLEASE PRINT CLEARLY
		Name Harry Richardson Address 18 Sherman Tev. No 4 Madison
Agenda No.	5	Address 18 Sherman Tev. NO 4
		Madison.
Please check the app	propriate boxes:	
Support		and Wish to speak
Oppose		☐ Do not wish to speak ☐ Available to answer questions
Neither S	upport Nor Oppos	Avanable to answer questions
	t and go on to the next q	h person or organization you are representing:
Are you being paid t	for your representation?	☐ Yes ☐ No
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Are you an ele	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
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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: May 162006

Registrat	ion Statement -	COMMON COUNCIL	
Please Print			
		PLEASE PRINT CLEARLY	
		Name Jim Lavar	raugh
Agenda No. 8	5	Address <u>5314 King</u>	sbridge Rd-
		Name Jim Cavar Address 5314 King. Madison	
Please check the app	ropriate boxes:		
⊠ Support		and Wish to speak	
Oppose		Do not wish to	
	upport Nor Oppos	Se Available to an	swer questions
			My Dr.
At this meeting are y	ou representing an organic	anization or a person other than yourself: ot complete the rest of this form. If you answer	Yes No
of who you represen	t and go on to the next	n complete the rest of this form. If you unswer auestion.)	
		ch person or organization you are representing	
South	Central	Federation of	Labor
1602	S. Park S	t. Madison	
	9-5/1/		
		,	☐ Yes ☐ No
	for your representation?	4를 맞아하다 하고를 보고 있는데 1일 등 하는 사람들은 1일 등 하고 있습니	
Are you appearing a	s part of your other pai	d duties for this person or organization?	Yes No
(If you answered "n question.)	o," STOP; you need no	ot complete the rest of this form. If you answe	red "yes," go on to the next
Speaking Limits:	Public Hearing (Cor	mmon Council)5 minutes	
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	Other Items	3 minutes	공항 얼마를 되는 다른 얼마를 받는다.

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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(Please go t	to the City Clerk's website www.cityofmadison.com/clerk/index.html or go to the Clerk's Office at
Room 103 of	the City-County Building, Madison, for more information)
Date <u>5/</u>	16/06 Signature James H Cavacaugh
	16/06 Signature James R Cowaceaugh Print Name Jim Cavanaugh

Date: May 16, 2006

Registra	tion Statement -	Common Council COMMITTEE
Please Print		PLEASE PRINT CLEARLY
		Name Carol Rieme
Agenda No. 🙎	5	Name Carol Kiemel Address 2769 Marshall Parkway
		Address 2169 /VLarshall Parklowy
Please check the app	propriate boxes:	
Cunnant		and Wish to speak
Support		Do not wish to speak
Oppose		Available to answer questions
Neither S	upport Nor Oppos	
(If you answered "n of who you represen	o," STOP; you need no tt and go on to the next q	unization or a person other than yourself: Area No templete the rest of this form If you answered "yes," provide the name question) the person or organization you are representing:
10000000	- Women Vo	ters of Dane County
Are you being paid	for your representation?	☐ Yes ☑ ¥ó
Are you appearing a (If you answered "n question)	is part of your other paid no," STOP; you need no	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:	Public Hearing (Con	nmon Council)5 minutes
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	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 <u>M</u>	1/2006 Signature Carel Kremel Print Name Carol Fliemel

Date: 5/16/06

		COMMITTEE			
Please Print		PLEASE PF	RINT CLEARLY		
Agenda No	85	Name Address	Patrick 2217	Hicker Som me	s Aver
Please check the app	propriate boxes:				
Support Oppose Noither S	upport Nor Oppose	an	d Wish to sp Do not wis Available	beak sh to speak to answer questic	ons
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Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3 1	minutes minutes minutes		

	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

Date: 5/16/06

CITY OF MADISON

Registration Statement - Common Council

Please Print		PLEASE PRINT CLEARLY	
Agenda No.		Name LISC Sub Address 8)8 & S. Madeso	eck Cammon RI.#1 On, WI
Please check the appr	opriate boxes:		53719
Support Oppose Neither Su	pport Nor Oppose	and Wish to speak Do not wish to Available to ar	speak nswer questions
(If you answered "no	ou representing an organ " STOP; you need not on and go on to the next qu	ization or a person other than yourself: complete the rest of this form. If you answer testion.)	☐ Yes No red "yes," provide the name
Name, address and te	lephone number of each	person or organization you are representing	
Are you being paid fo	or your representation?		☐ Yes ☐ No
Are you appearing as (If you answered "no question)	part of your other paid on the paid of the	duties for this person or organization? complete the rest of this form. If you answe	Yes No red "yes," go on to the next
Speaking Limits:	Public Hearing (Comr Information Hearing	mon Council) 5 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	Signature
	Print Name

Date: 16 de mayo, 2006

Registration State	ement - Common Council
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
12	Name Dert O. LIPPESER
Agenda No.	Address 1337 Jenifed St.
	Madison 111 5320=
Please check the appropriate box	
Support	and Wish to speak Do not wish to speak
Oppose Neither Support No	Available to answer questions
At this meeting are you represent	ing an organization or a person other than yourself: Yes No
(If you answered "no," STOP ; y of who you represent and go on t	ou need not complete the rest of this form. If you answered 'yes," provide the name of the next question.)
Name, address and telephone nur	nber of each person or organization you are representing:
Equal Op	softunties commission of
	City of Maderica
Are you being paid for your repr	esentation?
Are you appearing as part of you	r other paid duties for this person or organization? Yes V No ou need not complete the rest of this form. If you answered "yes," go on to the next
(If you answered no, SIOF ;) question)	ou need not complete the rest of this form. If you answered yes, go on to the next
	earing (Common Council) 5 minutes on Hearing 3 minutes
	ns 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
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 f the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 5/16/06

Registra	tion Statement -	Common Council		
		COMMITTEE		
Please Print				
		PLEASE PRINT CLEARLY		
	2	Name Ellern Newman		
Agenda No		Address 2106 Kendall Ave.		
		Name Eileen Newman Address 2106 Kendall Ave. Madison, WI 38726		
Please check the app	propriate boxes:			
Support		and Wish to speak		
Oppose		Do not wish to speak		
	upport Nor Oppos	Available to answer questions		
At this meeting are y	ou representing an orga	nization or a person other than yourself: Yes No		
(If you answered "no	o," STOP; you need not	t complete the rest of this form. If you answered "yes," provide the name		
of who you represen	t and go on to the next q	_[uestion]		
Name address and t	elephone number of eac	h person or organization you are representing:		
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Are you being paid f	for your representation?	☐ Yes		
Are you appearing a	s part of your other paid	I duties for this person or organization? Yes Yo		
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Speaking Limits:	Public Hearing (Com	nmon Council)5 minutes		
	Information Hearing			
	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?	
	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	
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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 5	Signature Print Name Print Name Print Name	

Date: 16 May 06

Registrat	ion Statement	Common Coul	ncil
		COMMITTEE	
Please Print			
		PLEASE PRIN	IT CLEARLY
	4.0	Name	Dave Carria
Agenda No.	10	Address	TUS () 11 (1) (1) # 10
		Audiess	10 10 1 5 2 3 1
			Madison, WL 13/1
Please check the app	ropriate doxes.		
Support		and	
Oppose			Do not wish to speak
	upport Nor Oppos	e	Available to answer questions
At this meeting are y	ou representing an orga	nization or a person otl	her than yourself: Yes No
(If you answered "no	o," STOP; you need not	t complete the rest of th	his form. If you answered "yes," provide the name
of who you represen	t and go on to the next q	ruestion)	
Name address and to	elephone number of eac	h nerson or organizatio	on you are representing:
ivame, address and u	erephone number of eac	in person of organizatio	
Are you being paid f	for your representation?		☐ Yes ☐ No
Are you appearing a	s part of your other paid	duties for this person of the rest of the	or organization? Yes No
(IJ you answerea n question.)	o, SIOP; you need no	i complete the rest of the	this form If you answered "yes," go on to the nex
question.)			
Speaking Limits:	Public Hearing (Con	nmon Council)5 mi	inutes
	Other Items		inutes

and the second	经货币 化二氯甲基甲基	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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	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.
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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 the Clerk's Office at the Clerk's Office at the City-County Building, Madison, for more information.)
Date _	16	May 06 Signature Darry, Cany
		Print Name Da J J d Carry 3

Date: 5/16/06

Registration Statement -	Common Council COMMITTEE
Please Print	
(1985) 시청에 동안되었다. 한창 등등 등도 등하고 한 1985년 1985년 한 한 1985년 1985년 1985년 1985년 19	PLEASE PRINT CLEARLY
sick leave Agenda No.	Name Many Foy Address 2824 Landmark Place Madison, w1
Agenda No.	Address 2824 Landmerk Place
	<u>Madison</u> , w 1
Please check the appropriate boxes:	
⊠ Support	and 🔀 Wish to speak
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OpposeNeither Support Nor Oppose	Available to answer questions
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Are you being paid for your representation?	? ☐ Yes ☐ No
Are you appearing as part of your other pair (If you answered "no," STOP; you need no question)	d duties for this person or organization?
Speaking Limits: Public Hearing (Con Information Hearing Other Items	

		cted official or empental body?	loyee who is appea	ring solely on b	ehalf of your office	or for your municipality or Yes No
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3			the principal mus			ces in any reporting City Clerk for the
		またな こうしゅん ぎたなん カー・バー・ディー	vebsite <u>www.cityof</u> ding, Madison, for r	经分类的 化二氯化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	电影 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	go to the Clerk's Office at
Date	5/1	اله (مك	Signature	Mary	You	
			Print Name	Many	Toy	

		CITY OF MADISON
Registra	tion Statement -	Common Council COMMITTEE
<u>Please Print</u>		PLEASE PRINT CLEARLY
Agenda No. 8	5	Name MCKY Selkowe Address 2961 Union St- Madison, W
Please check the app	propriate boxes:	33704
At this meeting are y (If you answered "n of who you represen	o," STOP; you need no it 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
Are you being paid t	for your representation?	☐ Yes ☐ No
		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:	Information Hearing	nmon Council)5 minutes 3 minutes 3 minutes

Are you an e other govern	elected 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 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:	5-1	6-0	G		
					

Registrati	on Statement -	Common Council COMMITTEE		
Please Print		PLEASE PRINT CLEARL		
Agenda No.	5	Name Will Address プ60 L	Maguire mydon #	15
	pport Nor Oppos	Do Avi	sh to speak not wish to speak ailable to answer quest	
(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 your complete the rest of this form. If question) ch person or organization you are r	you answered "yes," [☐ No provide the name
Are you being paid for	your representation?		☐ Yes	∐No _
Are you appearing as I (If you answered "no, question.)	oart of your other pai "STOP; you need no	d duties for this person or organiza of complete the rest of this form. If	ntion?	DNo go on to the next
Speaking Limits:	Information Hearing	mmon Council) 5 minutes g 3 minutes 3 minutes		

	elected official or employ mental body?	ee who is appearing	ng solely on behalf of your office or for your municipality or Yes No
	ered "yes" to the question you answered "no" to the	医甲基酚 经货币 化二氯化甲基甲基甲基酚 医二氯甲基二氯甲基二	l not complete the rest of this form, except that you must sign the next question)
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	to the City Clerk's web. the City-County Building		i <u>dison.com/clerk/index.html</u> or go to the Clerk's Office at re information)
Date 5	-16-06	Signature _	Will Maguno
		Print Name	Will Magun

				Date:		 .
		CITY OF MAD	DISON			
Registra	tion Statement -		ouncil			
Please Print		(大) サイトしゅう 前がら とうとり しゃかしょう	RINT CLEARLY			
	∇ (Name	Laura	Dresse	<u>v</u>	
Agenda No.		Address	Laura 1344 Ja Madison	wi 5	>t. 3703	
Please check the app	propriate boxes:					
Support Oppose Neither S	upport Nor Oppos		Mish to s Do not w Available	peak ish to speak to answer ques	stions	
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Name, address and t	elephone number of eac	ch person or organiz	zation you are represe	enting:		
Are you being paid	for your representation?			☐ Yes	☐ No	
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Speaking Limits:	Public Hearing (Con Information Hearing Other Items	3 - in manin a minin mana mining m	3 minutes			

Are you an ele other governm	ected 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