Date: 5/16/06

Registra	ation Statement -	· · · · · · · · · · · · · · · · · · ·
Please Print		COMMITTEE  PLEASE PRINT CLEARLY
Agenda No.	35	Name George Kamperschroer Address 2222 Chamberlain Aug Madison
Please check the ap	propriate boxes:	
Support Oppose Neither S	Support Nor Oppo	and Wish to speak  Do not wish to speak  Available to answer questions
(If you answered "r		anization or a person other than yourself: Yes No of 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:
Are you being paid	for your representation?	☐ Yes ☐ No
		duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	

	elected official or employee who is app nmental body?	earing solely on behalf of your office or for your municipality or Yes No
	vered "yes" to the question, <b>STOP.</b> You 'you answered "no" to the question, go	need not complete the rest of this form, except that you must sign on to the next question)
If you are both	peing 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 with the City Clerk.	lobbyist, you or your principal must file an authorization
2	Your principal is not permitted to a City Clerk	uthorize you to lobby unless you are registered with the
3		more than \$1,000 for lobbying services in any reporting ust file expense statements with the City Clerk for the
,	to the City Clerk's website <u>www.city</u> of the City-County Building, Madison, fo	ofmadison.com/clerk/index.html or go to the Clerk's Office at more information)
Date	Signature	
	Print Name	

Date: 5/16/06

Registration Statem	ent - Common Council
	COMMITTEE
Please Print	가 있는 사람들이 있는 것이 되었다. 그는 사람들이 되었다면 보고 있는 것이 되었다. 그는 것이 되었다는 것이 되었다. 그는 것이 없는 것이 없는 것이 없는 것이 없는 것이다. 하는 사람들이 많은 것이 되었다면 하는 것이 되었다면 되었다면 되었다면 되었다면 하는 것이 되었다면 하는 것이 되었다면 되었다면 하는 것이다. 그렇게 되었다면 것이 되었다면 되었다면 되었다면 되었다면 것이다.
	PLEASE PRINT CLEARLY
OC	Name Terry KurTh  Address 4041 OBSERVATORY RD  (NOSS Plains, W1 5-35-28
Agenda No.	Address 4041 OBSELVETORY Re
	CMOSS Plains, W/ 5-35-28
Please check the appropriate boxes:	
	게 되는 것이 있다. 그런
Support	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor	Oppose Available to allower questions
	an organization or a person other than yourself: Yes ZNo
of who you represent and go on to the	need not complete the rest of this form. If you answered "yes," provide the name
oj wilo you represent and go on to th	
Name, address and telephone number	er of each person or organization you are representing:
	가 되는 것은 것은 것이 되었다. 그 사람은 사용하는 사용에 가장 보면 한 것은 것이 되었다. 그 사용에 가지 않는 사용한 것은 것은 것은 것을 하는 것이다. 사용하다 하는 것은 소문에 가장 하는 것이 나를 보고 있다. 사용하는 것이 되었다. 그는 것은 것은 것은 것은 것은 것은 것은 것은 것을 하는 것이다.
Are you being paid for your represen	ntation? Yes 김사선
Are you appearing as part of your of	her paid duties for this person or organization?   Yes   Yes
	need not complete the rest of this form. If you answered "yes," go on to the next
question)	
	ng (Common Council) 5 minutes
Information	Hearing 3 minutes

Are you an e other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  — Yes — No
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
1	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	o the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	Signature
	Print Name

		CITY OF MA	DISON			
Registrat		Common C	ouncil			
Please Print						
		PLEASE	PRINT, CL	EARLY		
		Name	led	ex E. M	OLEN	
Agenda No.	8)	Address	100	WISCONS	IN ME.	#1104
			N	er E. M Wiscons Julion, l	UT 53	703
				7		
Please check the app	ropriate boxes:					
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<b>Oppose</b>				Do not wis	h to speak o answer ques	etions
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Speaking Limits:	Public Hearing (Commo Information Hearing Other Items	erannunnasun era arunnuns Artikaria	3 minutes	S		

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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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		
Dlaga Print					
Please Print		PLEASE	PRINT CLEARL	Y	
	02	Name	1/1/0	55 Fo	RANIC BOACH C
Agenda No	<i>0</i> ,7	Address	18	Rebble	BOACH (
			MAD	is-~	
Please check the app	roprieta hoves:				
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Support				sh to speak	
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	elected official or employ mental body?	ee who is appear	ing solely on be	half of your off		inicipality or No
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	to the City Clerk's web f the City-County Buildin				go to the Clerk	c's Office at
Date	5/16/06	Signature	Jan !			
		Print Name	<u> </u>	> / √ \	H-V/(	

			Date:	5-16-06
		CITY OF MADISO	N	
Registra	tion Statement -	Common Coun	ıcil	
		COMMITTEE		
Please Print		PLEASE PRINT	CLEARLY	
00	- SIYK LEAVE	Name <u>≮o</u> S	EMARY LET W WILSON ST	시트 등 시간 (1일 1일 및 1일 시간 (1일 ) 
Agenda No. <u></u>	SIGE LEAVE	Address <u>∭</u>	W WILSON ST	
		West	0550N 53707	
lease check the app	oropriate boxes:			
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Oppose			Do not wish to spe	eak
<del></del>	upport Nor Oppos		Available to answ	er questions
If you answered "n If who you represen	you representing an orga to," <b>STOP;</b> you need not at and go on to the next q telephone number of each	t complete the rest of this uestion)	s form If you answered	Yes ANO "yes," provide the name
Are you being paid	for your representation?			Yes No
	is part of your other paid no." <b>STOP;</b> you need no.			Yes  \[ \] No   "yes," go on to the next
Speaking Limits:		nmon Council)5 minu 3 minu 3 minu		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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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	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.	Date: 5	0	06		<u> </u>
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Registra	tion Statement	Common C	ouncil		
		COMMITTEE			
Please Print		PLEASE P	RINT CLEARLY		
		Name	DAMES F	to 17 mc	INN
Agenda No	55				
			MADISUN,	241	53711
Please check the ap	propriate boxes:				
☐ Support		2	nd 🗵 Wish to sp		
<b>Oppose</b>				sh to speak to answer que	estions
Neither S	Support Nor Oppose				
At this meeting are	you representing an organi	zation or a person	n other than yourself:	☐ Yes	⊠No
	no," <b>STOP;</b> you need not contain and go on to the next que		of this form. If you an	iswered "yes,	" provide the name
Name, address and	telephone number of each	person or organiz	ation you are represe	nting:	
Are you being paid	for your representation?			☐ Yes	□ No
Are you appearing	as part of your other paid d	luties for this pers	on or organization?	☐ Yes	□No
(If you answered "i question)	no," <b>STOP;</b> you need not o	complete the rest	of this form. If you a	nswered "yes,	" go on to the next
Speaking Limits:	Public Hearing (Comm				
	Information Hearing Other Items	see-դղուրդուրդուրը են Էժժվեկուս	minutes minutes		

and the second second	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: May 16, 2006

Registrati	ion Statement -	Common Council
		TOMMITTEE
Please Print		
		PLEASE PRINT CLEARLY
		Name Jenniter Hlexander
Agenda No.	85	Name Jennifer Alexandur Address \$\frac{\pi}{2} \in \text{\textit{E. Washington St}} \text{Madish, w}
		A BERNELL BOOK OF THE STATE OF
Please check the appr	opriate boxes:	
		Wich to small
Support		Do not wish to speak
Oppose Noither Su	pport Nor Oppos	and Wish to speak  Do not wish to speak  Available to answer questions
상태를 하시다는 경화되는 걸리다		
At this meeting are yo	ou representing an orga	anization or a person other than yourself: Yes No
(If you answered "no	," <b>STOP;</b> you need no	t complete the rest of this form. If you answered syes, provide the name
oj wno you represem	and go on to the next of	(uestion)
Name, address and te	lephone number of each	ch person or organization you are representing:
	Greate	r Madism Chamber
	of C	merce
Are you being paid for	or your representation?	Yes No
		d duties for this person or organization?
Are you appearing as (If you answered "no	part of your other paid." <b>STOP:</b> vou need no	d duties for this person or organization?  Yes No of complete the rest of this form. If you answered "yes," go on to the next
question)		도로 가는 그를 하는 것이 없었다. 그런 사람들은 사람들은 사람들은 사람들은 사람들이 되었다. 요요는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
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Speaking Limits:		nmon Council) 5 minutes 3 minutes
	Other Items	3 minutes
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Are you an eleother governm	ected official or employee v nental body?	who is appea	ring solely on behalf	of your office or for	
	red "yes" to the question, <b>S</b> ou answered "no" to the qu				ept that you must sign
If you are bei that:	ing paid for your representa	ation, or if y	our appearance is par	rt of other paid duti	ies, please be advised
1.	Before you engage in lobb with the City Clerk.	bying as a lo	bbyist, you or your p	incipal must file an	authorization
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.				
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?				
	o the City Clerk's website the City-County Building, M			<u>lex.html</u> or go to	the Clerk's Office at
			90	00 e	
Date		Signature	man	- A	
ma	416, 2006 1	Print Name	1 Jennit	o- Hlexa	nder

Date: 5-16-2006

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 85 - Sick leave Ordinance	Name Jackie M. Mortell  Address 4162 Verth Are  Madison, WI 53704
(If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	anization or a person other than yourself: Yes No ot complete the rest of this form. If you answered "yes," provide the name
(If you answered "no," STOP; you need no question.)  Speaking Limits: Public Hearing (Cor Information Hearing)	?

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No		
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)		
lf you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised		
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?		
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)		
Date	Signature		
	Print Name		

Date: MAY 16,2006

Registrat	ion Statement	Common Council
Please Print		PI FASE PRINT CLEARLY
Agenda No. 85 SICIC CEAR	File # ,02077	Name MARC MERUCCI Address MADISM (M)
Please check the app	ropriate boxes:	
Support Oppose Neither St	ipport Nor Oppos	and Ŋ─Wish to speak ☐ Do not wish to speak ☑ Available to answer questions
(If you answered "no		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 te	elephone number of eacl	n 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 o," <b>STOP;</b> you need not	duties for this person or organization?   Yes MNo complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	

Are you an el other governn	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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more informations.
1	Print Name MARC MERUCCI



Date: 5-16-06

Registration	Statement - Co		<u>ncil</u>		
Diago Print	COM	MITTEE			
Please Print		PLEASE PRIN	IT CLEARLY		
		Name 7	ATRICK	BARRI	<b>y</b>
Agenda No. 85		Address	ATRICK 25 SPEA	R CIN(	LE
Please check the appropr	ate boxes:				
Support		and	Wish to spe		
Oppose			Do not wisl  Available to	n to speak o answer ques	tions
Neither Supp	ort Nor Oppose				
At this meeting are you re	epresenting an organization	on or a person of	her than yourself:	Yes	□ No
	TOP; you need not comp go on to the next question		nis jorm. 1j you ans	werea yes,	proviae ine name
Name address and telent	none number of each perso	on or organizatio	m vou are represen	tino	
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		20r W	TO CO1/07 T.		
	) PPS AVE.				
MONON	DA WI 53	716			
Are you being paid for yo	our representation?			Yes	ŪNo
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	t of your other paid duties STOP; you need not comp			☐ Yes swered "yes,"	
	ublic Hearing (Common C				
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	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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Date	Signature

Date: 5-16-06

Registra	tion Statement	COMMON COUNCIL		
		COMMITTEE		
Please Print		PLEASE PRINT CLEARLY		
<b>Agenda No.</b> <u>85</u>	File#02077 LEAVE	Name Joe Address Madis	JANCIK on, WI	
Please check the app	ropriate boxes:			
At this meeting are y (If you answered "no of who you represent	o," <b>STOP;</b> you need not and go on to the next qu	Availab nization or a person other than yourse complete the rest of this form. If you	wish to speak le to answer ques lf: Yes answered "yes,"	⊠No
Are you being paid f	or your representation?		☐ Yes	≱No
		duties for this person or organization complete the rest of this form. If you		∏No go on to the next
Speaking Limits:	Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)		
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information.)		
Date <u></u>	Signature of Signature  Print Name Signature		

Date: 5/16/06

Registration Staten	nent - Common Cour	
Please Print	PLEASE PRINT	CLEARLY
	Name	Benjamin Wollin
Agenda No.	Address	4908 Hamnersky Rd
		Madison, WI 53711
Please check the appropriate boxes		
Support	and	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li></ul>
Oppose Neither Support Nor	Onnose	Available to answer questions
of who you represent and go on to a Name, address and telephone numb	he next question)	얼마 그리 왜 일을 들시다는 토하는 사람들이 모르는데 먹는데 하나요?
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Are you being paid for your represe	entation?	☐ Yes ☐ No
Are you appearing as part of your of (If you answered "no," STOP; you question.)	ther paid duties for this person of the need not complete the rest of the	or organization? X Yes No his form. If you answered "yes," go on to the next
Information	ing (Common Council)5 min Hearing 3 min 3 min	nutes

	n elected official or emplornmental body?	oyee who is appearir	ng solely on behalf of your office or for your municipality or ☐ Yes ☐ No
	wered "yes" to the quest If you answered "no" to t		l not complete the rest of this form, except that you must sign the next question.)
If you are that:	being paid for your repr	esentation, or if you	r appearance is part of other paid duties, please be advised
	Before you engage i with the City Clerk.	n lobbying as a lobb	yist, you or your principal must file an authorization
2	Your principal is no City Clerk	t permitted to autho	rize you to lobby unless you are registered with the
3.		the principal must f	re than \$1,000 for lobbying services in any reporting ile expense statements with the City Clerk for the
	o to the City Clerk's we of the City-County Builds	the contract of the contract o	<u>edison.com/clerk/index.html</u> or go to the Clerk's Office at re information)
Date	5/14/4	Signature Print Name	Bri. Willi

	Date:
	CITY OF MADISON
Registration Staten	nent - Common Council
Please Print	PLEASE PRINTICLEARLY
Agenda No. SS	Name Lee l'ier  Address 4142 Hiawatha Brive  Mulism WI 53711
Please check the appropriate boxes:	
Support Oppose Neither Support Nor	and Wish to speak  Do not wish to speak  Available to answer questions
	g an organization or a person other than yourself:
Name, address and telephone numb	er of each person or organization you are representing:
Are you being paid for your represe	entation?
Are you appearing as part of your o (If you answered "no," <b>STOP;</b> you question)	ther paid duties for this person or organization?  Yes No need not complete the rest of this form. If you answered "yes," go on to the next
Information	ing (Common Council)5 minutes  Hearing

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are 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 f the City-County Building, Madison, for more information)
Date	Signature
	Print Name

				Date:	
		CITY OF MA	ADISON		
Registra	tion Statement	Common	Council		
		COMMITTEE			
Please Print		PLEASE	PRINT CLEARLY		
		Name	MARSH SUAPIRO		
Agenda No. 🔄	35	Address		300	
Please check the app	propriate boxes:				
☐ Support			and Wish to spe	ak	
Oppose	사용되는 경험 한번 등을 보면 않을까. 사용되는 15 기사는 등로 기계되었다.		Do not wish	n to speak o answer ques	
Neither S	upport Nor Oppose		∐ Avaliable u	) answer ques	stions
(If you answered "n	you representing an orgar o," <b>STOP;</b> you need not t and go on to the next qu	complete the res	son other than yourself: st of this form. If you ans	☐ Yes wered "yes,"	⊠ No provide the name
Name, address and t	elephone number of each	n person or organ	nization you are represent	ing:	
Are you being paid	for your representation?			Yes	<b>⊠</b> No
	s part of your other paid o," <b>STOP;</b> you need not			☐ Yes swered "yes,'	⊠ No 'go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing				

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you 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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Date	Signature
	Print Name

			I	Date: _ 🚫 -/	C-06
	CITY OF MA	DISON			
Registration Statement	Common (	Council			
Please Print	DI FASE	PRINT CLEARI			
					등 왕기로 한 경험으로 되었다. 1일 사람들은 왕이라를 보
		DENNIS			
Agenda No. 85	Address	Z604 PA	e asant	PIDGE T	2. #6
		MADISON	WF	53713	
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose  At this meeting are you representing an organiz (If you answered "no," STOP; you need not confirm of who you represent and go on to the next que	omplete the res	☐ Do ☐ Av on other than yo	ourself:	to speak answer ques	□ No
Name, address and telephone number of each p	person or organ	ization you are	representi	ing:	
27116 3786 WENTS					
Are you being paid for your representation?				☐ Yes	
Are you appearing as part of your other paid du (If you answered "no," STOP; you need not co	uties for this pe omplete the res	rson or organiza t of this form I	ation? <i>f you an</i> si	☐ Yes wered "yes,"	No go on to the next

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

question)

Speaking Limits:

Are you an ele other 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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are bein 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-/	1600 Signature Denkton
	Print Name Dennis Lomassa

Date: 4 16 06

Registrat	tion Statement -	Common Council
Please Print		
		PLEASE PRINT CLEARLY
		Name Sandra Torkildson
Agenda No.	85	Address 1214 Slizabeth St
		Madison, WI 53703
Please check the app	ropriate boxes:	
		and Wish to speak
Support Oppose		□ Do not wish to speak
	upport Nor Oppos	Available to answer questions
		anization or a person other than yourself: Yes No
	o," <b>STOP;</b> you need no t and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
oj wno you represent	unu go on to the next q	
Name, address and to	elephone number of eac	h person or organization you are representing:
		하는 것은 것이 되었다. 그 사람이 모르고 하는 것이 되었다. 그 사람이 되었다. 그는 것이 되었다. 그는 것이 되었다. 그 것이 되었다. 1985년 - 1985년 - 1987년
Are you being paid for	or your representation?	
Are you appearing as	s part of your other paid	I duties for this person or organization?
(If you answered "no		t complete the rest of this form. If you answered "yes," go on to the next
question)		
Speaking Limits:	Public Hearing (Con	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?
A second of the	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fifther the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.  PAID SICK LAVE	Name Michael Gotzler Address
(PAID SICK LEAVE	
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions  Wish to speak  Do not wish to speak
At this meeting are you representing an organ of the second of the secon	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each QTI Human Resource	h person or organization you are representing:
702 E Washington	
Mylyon 53701	
Are you being paid for your representation?	☐ Yes 💢 No
Are you appearing as part of your other paid (If you answered "no," <b>STOP;</b> you need not question)	duties for this person or organization?   Yes No t complete the rest of this form. If you answered "yes," go on to the next
	nmon 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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
If you are be that:	sing 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 -/ 6 - 0/0

Registration Statement -	Common Council
Please Print	PLEASE PRINT/CLEARLY
Agenda No. #85	Name XIMAN SCAMENTS Address 210 Marinette (1) 2
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
Name, address and telephone number of eac	h person or organization you are representing:
1015 C. Wash	inator are
Are you being paid for your representation?	
Are you appearing as part of your other paid (If you answered "no," <b>STOP</b> ; you need not question.)	duties for this person or organization? Yes \(\Boxed{\subset}\) No to complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	3 minutes

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Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
If you are 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 the Clerk's Office at the Clerk's Madison, for more information)
Date <u>5 //</u> /	6-06 Signature Luban Kahmily
	Print Name Susan Schmitz

				Date:	
		CITY OF MAL	[기계년 등 기계		
Kegistra	tion Statement -	Common C	ouncil		
Please Print Agenda No.	85	PLEASE P Name Address	PRINT CLEARLY  DUANE S  912 ER	teinhauer in	
Please check the app	propriate boxes:				
Support Oppose Neither S	upport Nor Oppos		and Wish to sp Do not wis Available		ons
If you answered "n	you representing an orga o," <b>STOP;</b> you need no t and go on to the next q	t complete the rest			☐ No rovide the name
Name, address and t	elephone number of eac	h person or organiz	ation you are represer	nting:	
Are you being paid t	for your representation?			☐ Yes	□No
	s part of your other paid o, " <b>STOP;</b> you need no				No no on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items				

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?						
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)					
If you are bothat:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised					
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information)					
Date	Signature					
	Print Name					

Date: 5/16/66

i Negisuano		WITTEE	unon			
Please Print		PLEASE PR	INT CLEA	RLY		
				Tatl	11	
62		Name	1000	1910	<u> </u>	$\mathcal{A}$
Agenda No.		Address	702	E. Was	hing ton	the
		Address	N	100000	)	
Please check the appropr	iate boxes:					
Support		an	d X√v	Wish to speak		
Oppose				Oo not wish t	o speak	
	ort Nor Oppose			Available to a	inswei ques	tions
(If you answered "no," of who you represent and Name, address and telep	representing an organization STOP; you need not completed go on to the next question hone number of each personal for the state of the second personal for the second personal	ete the rest of 1.) n or organizat	this form	If you answe	g:	
Are you being paid for y	our representation?				Yes	∕⊠No
Are you appearing as pa (If you answered "no," question.)	rt of your other paid duties STOP; you need not compl	for this perso lete the rest of	n or organi f this form	zation? If you answ	☐ Yes ered "yes,'	No go on to the next
Speaking Limits: P	ublic Hearing (Common C	ouncil)5 1	ninutes			
	nformation Hearing					
	Other Items	3 r	ninutes			

	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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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: 5/16/04

Please Print	PLEASE PRINT CLEARLY
	Name Sharon Chamberlain Address & 710 Juhn Nolen Or
02	Name harm Namberlain
Agenda No. 25	- Address & HO JUM Nolen Cr
Please check the appropriate boxes:	
Support	and Wish to speak  Do not wish to speak
Oppose Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Opp	oose Avanable to answer questions
At this meeting are you representing an o	organization or a person other than yourself:   Yes  You
(If you answered "no," STOP; you need	l not complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the ne	ext question)
Name, address and telephone number of	each person or organization you are representing:
	문문 사용하는 사용하는 경기에 발표한 발표한 경기를 가는 것이 되었다. 그런 사용한 사용한 경기를 받는 것이다. 사용한 경기를 하는 것이 하는 것이 되었다. 기를 통해 하는 것이 하는 것이 되었다. 그런 것이 되었다.
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Are you appearing as part of your other	paid duties for this person or organization? Yes No
(1) you answered no, <b>BIOI</b> , you need	l not complete the rest of this form If you answered "yes," go on to the next
question)	가는 사용을 하고 있다. 그런 그들은 아이들은 사람들이 되었다는 것이 되었다는 것이 되었다는 것이 되었다. 그는 것이 없는 것이다. 일본 경기를 보고 있는 것이 되었다는 것이 되었다면 보고 있는 것이 되었다면 되었다. 그런 것이 되었다면 보고 있는 것이 없는 것이 되었다.
	Common Council) 5 minutes
Information Hear Other Items	ring 3 minutes 3 minutes

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?		
(If you answer this form If yo	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)		
If you are beithat:	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 the Clerk's Office at the Clerk's Madison, for more information)		
Date 5/	16/06 Signature Shawr Chamberlain		
	Print Name Sharow RChamberlain		

	Date: $\geq / (6/\mathcal{O})$
	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
<u>Please Print</u>	PLEASE PRINT CLEARLY
	Name Michael Quigley
Agenda No. SS	Name Michael Quigley  Address PO 910  Madison L.I. 53701
	Madison UI S3701
Please check the appropriate boxes:	
Support	and ☑ Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppose	
At this meeting are you representing an orga (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	inization or a person other than yourself: \ \ \ Yes \ \ \ No \ tomplete the rest of this form If you answered "yes," provide the name tuestion)
	h person or organization you are representing:
Com	mon Sense Coalition
Are you being paid for your representation?	[⊠/Yes □ No
Are you appearing as part of your other paid	duties for this person or organization? Yes No
(If you answered "no," <b>STOP</b> ; you need not auestion)	t complete the rest of this form. If you answered "yes," go on to the next

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

Speaking Limits:

	n elected official or employ rnmental body?	ee who is appearing	solely on behalf of your of	fice or for your municipality or ☐ Yes ☐ No
	wered "yes" to the question If you answered "no" to the			form, except that you must sign
If you are that:	being paid for your repres	entation, or if your a	appearance is part of other	paid duties, please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lobbyis	st, you or your principal m	ust file an authorization
2	Your principal is not City Clerk	permitted to authoriz	e you to lobby unless you	are registered with the
3	그 그는 그는 사람들이 가장하는 것이 되는 것이 되었다. 그 가는 것은 것은 것이 없는 것은 것이다.	e principal must file	than \$1,000 for lobbying so expense statements with	
	o to the City Clerk's web of the City-County Buildins	i alaka atau wasan ing Kabupatèn Kab	and the contract of the contra	r go to the Clerk's Office at
Date	5/16/06	Signature	TH. K	<i>O</i>
		Print Name	Michael	Quigley

	ς	11	6	10	5	
Date:				/	/	100

Registrati	on Statement -	Common C	ouncil			
		COMMITTEE				
Please Print		PLEASE F	PRINT CLE			
	Q C	Name		Steve 6200, Madis	Bre	ent low
Agenda No.		Address		6200	Gies	yolt Dr
				Madis	m	WI
Please check the appro	opriate boxes:					
☐ Support				Wish to speak		
				Do not wish to s Available to ans		ions
Neither Su	pport Nor Oppos	e		A variable to all	wor quest	
At this meeting are you (If you answered "no, of who you represent to Name, address and tel	"STOP; you need no and go on to the next of each of ea	t complete the rest question) th person or organiz	of this form zation you a	n If you answere are representing:	ed "yes," <sub>1</sub>	
		in bers & Con	nmon	Sense	Co	alitim
Are you being paid fo	r your representation?				Yes	∐ No
Are you appearing as (If you answered "no, question)						☑No go on to the next
Speaking Limits:	Public Hearing (Con		5 minutes			
	Information Hearing Other Items		3 minutes 3 minutes			
	Other Rems					

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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question.)
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(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 S	Signature Steve Breitlow  Print Name Steve Breitlow

Date: 16 MAY 06

# **CITY OF MADISON**

Registration Statement - Common Council

	4	
Please Print		
ricase rimi		PLEASE PRINT CLEARLY
		O 1. 1 CLORA
	7.C	Name KICANC STORY
Agenda No.	<b>δ →</b>	Address 118 Mevm tunn Rd
		MM MOLI 57710
		Name RICLARD STORY Address 118 Meynturu Rd MADISM 53714
Please check the app	propriate boxes:	사용하는 것도 있는 것이 없는 것이 되었다. 그런 사용하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다. 사용하는 것이 되었다. 그는 것이 하는 것이 없는 것이 없다.
<b>Support</b>		and Wish to speak
Oppose		☐ Do not wish to speak
	upport Nor Oppose	Available to answer questions
At this meeting are	you representing an organization	tion or a person other than yourself: Yes No
		nplete the rest of this form If you answered "yes," provide the name
oj wno you represen	nt and go on to the next quest	
Name, address and t	telephone number of each per	rson or organization you are representing:
		성용하는 현실 사용 기업 기업 기업 역사 기업
Are you being paid:	for your representation?	☐ Yes 💹 No
A so you annowing a	e next of your other noid duti	ies for this person or organization?  Yes No
		nplete the rest of this form. If you answered "yes," go on to the next
question)		
Speaking Limits:	Public Hearing (Common	
	Information Hearing	
	Other Items	3 minutes

	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 5-16-2006

Registrat	ion Statement - j	COMMITTEE	Ouncil		
Please Print		DI FASE E	PRINT CLEARLY		
			$\sim$	nind	
Agenda No. 85		Name	DAVID TO 7309 FRI	GUASHIA	ZN
		Address	Missism	M	
Please check the appr	opriate boxes:				
Support			and Wish to sp	eak sh to speak to answer questio	
Oppose			☐ Do not wis	h to speak	ine
Neither Su	ipport Nor Oppos	e	L. Available		
(If you answered "no	ou representing an orga ," <b>STOP;</b> you need not and go on to the next q	t complete the rest	n other than yourself: of this form If you an		No ovide the name
Name, address and te	lephone number of eac	h person or organiz	zation you are represer	ıting:	
Wisco	USIN LANDSC	APE CONTR	ACTURS ASSO	ocianin -1	MANISUN GLAPA
3700	Commence.	Dn - 111	1260		
10	o Priore it				
Are you being paid fo	or your representation?			☐ Yes 🚽	<b>₾</b> No
Are you appearing as (If you answered "no question.)	part of your other paid," STOP; you need not	duties for this pers t complete the rest	son or organization? of this form If you an	Yes J swered "yes," go	⊠No o on to the next
Speaking Limits:	Public Hearing (Com Information Hearing		5 minutes 3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign fyou answered "no" to the question, go on to the next question.)
If you are that:	being paid for your representation, or if your appearance is part of other paid duties, please be advised
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3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at of the City-County Building, Madison, for more information)
Date	Signature
	Print Name
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		CITY OF MA	ADISON
Registra	ion Statement		
ase Print		PLEASE	E PRINT CLEARLY
enda No	5	Name Address	J. JURADO 505 South Shore Dz
ase check the app	ropriate boxes:		
Support Oppose Neither S	ipport Nor Oppose		and Wish to speak  Do not wish to speak  Available to answer questions
ou answered "no		complete the res	son other than yourself: Yes No est of this form If you answered "yes," provide the name
			nization you are representing:
LÁ	INO CHAM	SER O	f COMMERCE
you being paid f	or your representation?		☐ Yes ☐ No
	part of your other paid on," STOP; you need not		erson or organization?
eaking Limits:	Public Hearing (Comi 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?
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Date	Signature
	Print Name

	Date: <u>ケ)(し</u> )し
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name DAWIEL GUERIM JR.
Agenda No.	Address 137 E. Wilsowst.
	EOFET IN GOZEGAM
Please check the appropriate boxes:	
	and Wish to speak
Support Oppose	Do not wish to speak
<ul><li>✓ Oppose</li><li>Neither Support Nor Oppose</li></ul>	$\sqrt{2}$ 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 each	ch person or organization you are representing:
GREATER MADISON	MHW pr Ole Commen
SMALL BUSINESS ADV	vsom come 1 (SBAC)
Are you being paid for your representation	?
Are you appearing as part of your other pai (If you answered "no," <b>STOP;</b> 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
	mmon Council) 5 minutes
Information Hearing	g3 minutes
Our Tems	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
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Date	Signature
	Print Name

		Date:
		CITY OF MADISON
Registra	tion Statement -	Common Council COMMITTEE
Please Print		PLEASE PRINT CLEARLY
Agenda No.	5	Name Debble Paul Address 6818 (MISS COWNY Rd VCMING WIS3593
Please check the ap	propriate boxes:	1 VCMVa WZ S3893
Support Oppose Neither S	Support Nor Oppos	and Wish to speak  Do not wish to speak  Available to answer questions  Se
(If you answered "n	you representing an organo," <b>STOP;</b> you need not and go on to the next of	ganization or a person other than yourself: Yes No ot 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:
Are you being paid	for your representation?	? ☐ Yes ⊅XNo
Are you appearing a (If you answered "r question)	as part of your other paid no," <b>STOP;</b> you need no	d duties for this person or organization?
Speaking Limits:	Public Hearing (Cor Information Hearing	

Are you an eleother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
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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 S	-16-06 Signature Dellowsh a faw
	Print Name Debayah & Paw

Date: 5-16-06

Registra	ition Statement -	COMMON COUNC		
Please Print		PLEASE PRINT CL	EARLY,	
Agenda No.	35	Name Dr. Address 262	early Jill Sandst 21 Molands d'isun Wl	rom ;f,
Please check the ap	propriate boxes:	Ma	dison W	
Support Oppose S Neither S	giving niels le	ave to and [] se elugeather	Wish to speak Do not wish to speak Available to answer que	stions
of who you represer	nt and go on to the next i			No provide the name
Name, address and t	telephone number of each	ch person or organization you Unli'mited	are representing:	
Are you being paid	for your representation?		Yes	<b>⊠</b> No
		l duties for this person or org of complete the rest of this for		
Speaking Limits:	Information Hearing	nmon Council) 5 minutes 3 minutes 3 minutes		

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date M	ay 16'06 Signature Dr. W. W. SANDSTROM  Print Name WILL SANDSTROM

Date: May 16,2006

Registration Statement	- Common Council
Please Print	
	PLEASE PRINT CLEARLY Son Taull, CPA
	Name Pizza Hut of Southern Wisconsinilr
Agenda No.	office Address 6502 Grand Tetan Plaza
	Madison, WI 53719 Plus 6 restaments in Madison
Please check the appropriate boxes:	plus 6 restaments in Madison
☐ Support ☐ Oppose	and X Wish to speak  Do not wish to speak  Available to answer questions
Neither Support Nor Oppo	)se
At this meeting are you representing an or (If you answered "no," <b>STOP</b> ; you need to of who you represent and go on to the nex	ganization or a person other than yourself: X Yes \ \ \ No not complete the rest of this form If you answered "yes," provide the name t question)
Name, address and telephone number of e	ach person or organization you are representing:
See above	
Are you being paid for your representation	ı? ☐ Yes 💆 No
Are you appearing as part of your other pa (If you answered "no," STOP; you need a question)	nid 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 Hearing	ommon Council)5 minutes ng

	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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)	
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Date	Signature	
	Print Name	

Date: 5/16/06

Registration	on Statement -	Common (	Council		
		COMMITTEE			1일시설 시간 경우를 받았다. 1일 시설 기업
Please Print		PLEASE	PRINT CLEARLY		
		Name	FRANK PEREGRIA	JE	
Agenda No.		Address	1212 GILBERT RI	era e a legación de la companya de l	
SICK LEAN	E		MADISON, WI S	法规则 医二氯甲酚 医多性毒素	
At this meeting are you (If you answered "no,"	port Nor Oppos representing an orga STOP; you need not	nization or a pers t complete the res	and M Wish to speak Do not wish to Available to an on other than yourself: t of this form If you answer	swer questi	<b>I</b> ∕ No
of who you represent a			ization you are representing		
Are you being paid for	your representation?			☐ Yes	<b>☆</b> No
Are you appearing as p (If you answered "no,' question)	art of your other paid 'STOP; you need no	duties for this pe t complete the res	rson or organization? t of this form If you answer	☐ Yes ed "yes," g	No go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		5 minutes 3 minutes 3 minutes		

tarin tarih ta	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question.)	
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The second secon	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 MADI	SON		
Registrati		nmon Co			
Please Print  Agenda No.	35	PLEASE PR Name Address	INT CLEARLY UM 3555 MAD	MANT E WA (SW)	1WE 5 HWHa 21 5376
At this meeting are yo (If you answered "no, of who you represent o	pport Nor Oppose  u representing an organization  "STOP; you need not completed the second of the next question, and go on to the next question, and go on to the next question.	te the rest of )	Do not Availal other than yourse this form If you	wish to speak ple to answer questlef: Yes answered "yes,"	□ No
(If you answered "no,	your representation?  part of your other paid duties for some of your need not comple	for this perso	n or organization f this form. If you	☐ Yes ? ☐ Yes i answered "yes,"	□ No □ No " go on to the next
question) Speaking Limits:	Public Hearing (Common Co Information Hearing Other Items	3 1	minutes		

(SEE BACK)

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
	vered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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Date	Signature
	Print Name

Date: 5/14/06

Registration Statement -	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. SS	Name MARK HASVE  Address 7202 WATTS Rd  Madism, WE
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppos	가지 않는 통 지난 경로 보고 있다면 하는 것이 되었다면 하는 것이 되는 것은 것이 되는 것이 되었다. 사람들이 되었다.
At this meeting are you representing an org (If you answered "no," STOP; you need no of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name
WAS-Mark	ch person or organization you are representing:
7202 WATIS R	- Berger (1 <u>) -</u> 이렇게 되었다는 하는 한 사람들이 되었다. 그 하는 사람들은 사람들이 하는 사람들이 되었다. 그 사람들이 되었다. 그 사람들이 되었다. 그 사람들이 다른 사람들이 되었다.
madison UZ	53719
Are you being paid for your representation?	? □ Yes ☑No
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	d duties for this person or organization?   Yes No ot complete the rest of this form. If you answered "yes," go on to the next
	mmon Council)5 minutes 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?
	ered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign you answered "no" to the question, go on to the next question)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at the City-County Building, Madison, for more information)
Date	16/06 Signature Mark Hasve

Date: 6/16/06

Registration Stat	tement - Common Council	
Please Print	PLEASE PRINT CLEARLY	
Agenda No. 🔰 🗲	Name Ben Sottlieb  Address 1602 Adams  Madison, W1 S3	3711
Please check the appropriate bo	xes:	
Support Oppose Neither Support N	and Wish to speak  Do not wish to speak  Available to answer que	estions
	nting an organization or a person other than yourself: Yes you need not complete the rest of this form. If you answered "yes, to the next question)	
Name, address and telephone nu	ımber of each person or organization you are representing:	
Are you being paid for your rep	resentation?	⊠No
Are you appearing as part of you (If you answered "no," STOP; question)	ar other paid duties for this person or organization?	No " go on to the next"
- · ·	earing (Common Council) 5 minutes ion Hearing 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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign ou answered "no" to the question, go on to the next question)
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Date	Signature
	Print Name