

Date: 5/2/06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 02817 (8)

Name Sybil Better
Address 424 S. Blount St
Madison 53703

Please check the appropriate boxes:

- Support
 - Oppose *Unless further restrictions on operating hours of Sardine*
 - Neither Support Nor Oppose
- and
- Wish to speak
 - Do not wish to speak
 - 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 next question.)

Name, address and telephone number of each person or organization you are representing:

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," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No

*(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*


If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
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 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 _____

Signature



Print Name _____

Date: 5-2-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 8

Name DON LAST
 Address 404 S. Blount St. #306
Madison 53703

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 organization or a person other than yourself: Yes No
 (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Fawcett Cymdymuniwrn Association

Are you being paid for your representation? Yes No

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 (If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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 Other Items.....3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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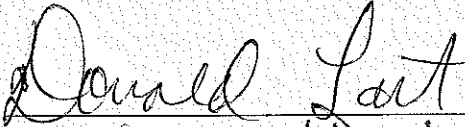
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Date 5-2-06

Signature 
Print Name Donald Last

Date: 5-2-06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 02817 (8)

Name Ann Walsh Bradley
Address 428 S. Blount St.
Madison

Please check the appropriate boxes:

- Support
- Oppose** ¹ *Unless further restriction on operating hours*
- Neither Support Nor Oppose
- Wish to speak
- Do not wish to speak
- Available to answer questions

² **No Action** BY SHOULD BE TAKEN BY THE COUNCIL UNTIL
At this meeting are you representing an organization or a person other than yourself: Yes No
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Name, address and telephone number of each person or organization you are representing:
FIRST GOES TO THE PLAN COMMISSION regarding PATIO dining.

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Date _____

Signature



Print Name

Andrew Walsh Bradley