Date: August 1,2006

CITY OF MADISON

Registrati	on Statement -	Common Council
Please Print	04179	PLEASE PRINT CLEARLY
Agenda No.	74	Name Susan De Vos Address 626 Gasfely Terrace Madison, WI 53711
Please check the appropriate Support Oppose Neither Su	opriate boxes: pport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no, of who you represent	" STOP; you need not and go on to the next q	nization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name uestion) h person or organization you are representing:
Are you being paid fo	r your representation?	☐ Yes ☐ No
		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:		mon Council) 5 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign f you 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
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 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

		CITY OF MADISON
Registra	tion Statement	Common Council COMMITTEE
Please Print	04179	PLEASE PRINT CLEARLY
Agenda No.		Name Carl Durocher Address 1441 Williamsun St. Maysun
Please check the app	propriate boxes:	ૡઌ૽૱૽૽ૡ૽૽ૡૡઌ૽ૡ૽૽ૡ૽ૡ૽૽ૡ૽ૺૺ૱ૡૡૡૡૡૡૡૡૡૡૡૡૡૡ
Support Oppose Neither S	upport Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "n	you representing an organ no," STOP; you need not on that and go on to the next qu	ization or a person other than yourself: \[Yes \) \[No \] complete the rest of this form. If you answered "yes," provide the name testion.)
Name, address and t	telephone number of each	person or organization you are representing:
Chair of 7	PC - but sy	bealing on own behalf
Are you being paid	for your representation?	☐ Yes 🖳 Yo
		duties for this person or organization?
Speaking Limits:	Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes

Date: 8/1/06

	elected official or emplo imental body?	yee who is appearing solely on behalf of your office or for your municipality or Yes No
		on, STOP. You need not complete the rest of this form, except that you must sign he question, go on to the next question)
If you are b that:	eing paid for your repr	esentation, or if your appearance is part of other paid duties, please be advised
1.	Before you engage i with the City Clerk	n lobbying as a lobbyist, you or your principal must file an authorization
2.	Your principal is no City Clerk	t permitted to authorize you to lobby unless you are registered with the
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?	
		bsite <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at ng, Madison, for more information)
Date		Signature
		Print Name

Date: August 1, 2006

CITY OF MADISON

Registra	tion Statement -	Common Council COMMITTEE
Please Print		PLEASE PRINT CLEARLY
Agenda No		Name <u>Laurie Wermter</u> Address <u>847 Williamson St.</u>
Please check the app	propriate boxes:	Apt. Nine Madison, WI 53703
Support Oppose Neither S	upport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
At this meeting are y (If you answered "no of who you represen	you representing an orga o," STOP; you need no t and go on to the next o	anization or a person other than yourself: Yes No of complete the rest of this form. If you answered "yes," provide the name
Are you being paid I	for your representation?	☐ Yes ☐ No
		d duties for this person or organization? Yes No to complete the rest of this form If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes

And the second of the second o	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	
The second of th	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:	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: 8-1-06	
	CITY OF MADISON	
Registration Statemen	t - Common Council	
Please Print		
	PLEASE PRINT CLEARLY	
	Name ROSE MARY LEE - Address III W WILSON	. 4.
Agenda No. <u>71 Bus</u> Sheller Proffed	- Address III W WILSON	
Shelter Project	MADISON 53703	
Please check the appropriate boxes:	and Wish to speak	
	A IN OPPOSITION	
Support	and Wish to speak Do not wish to speak	
\ Oppose	Available to answer questions	: 4. 4.7
Neither Support Nor Op		
At this meeting are you representing an of the sound of the sound of who you represent and go on to the new the new the second of the second o	organization or a person other than yourself: Yes No I not complete the rest of this form. If you answered "yes," provide the names ext question)	ie
Name, address and telephone number of	each person or organization you are representing:	
Are you being paid for your representati	on? Yes No	7. 2 4.
Are you appearing as part of your other	paid duties for this person or organization? Yes No	
	l not complete the rest of this form. If you answered "yes," go on to the nex	c <i>t</i>
	Common Council)5 minutes	
Information Hea	ing 3 minutes 3 minutes	N
Other Items	<u></u>	14

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No	
100	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	