Date: 1-5-06	
ey Osthwehi Madison Apt 2	
/ish to speak to not wish to speak vailable to answer questions yourself: Yes No If you answered "yes," provide the na	me

	Registration Statement	Common Council
	Please Print 0 4264	PLEASE PRINT CLEARLY
		Name Lindsay Ostrowski
	Agenda No.	Address 1906 Madison Apt 2
	Please check the appropriate boxes:	
`	Support	and Wish to speak
	Oppose	and Wish to speak  Do not wish to speak
	Neither Support Nor Oppose	Available to answer questions
:	At this meeting are you representing an organ	
	(If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next qu	complete the rest of this form If you answered "yes," provide the name vestion)
\		
	$\sim 100$	n person or organization you are representing:
	Ho Z Madison	
	827-2321	
	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)	complete the rest of this form If you answered "yes," go on to the next
:		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 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 fyou answered "no" to the question, go on to the next question.)
If you are l 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

Date: 9-5-06

Registration Statement -	Common Council COMMITTEE			
Please Print 64 264	PLEASE PRINT CLEARLY			
Agenda No. <u>SS</u>	Name ROSEMARY LEE  Address [[ W WILSON S37W]			
Please check the appropriate boxes:	only if a regulation			
Support Oppose Neither Support Nor Oppose	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	?			
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? Yes No ot complete the rest of this form. If you answered "yes," go on to the next			
Speaking Limits: Public Hearing (Co Information Hearin Other Items				

	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 both	eing paid for your representation, or if your appearance is part of other paid duties, please be advised				
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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 the City-County Building, Madison, for more information)				
Date	Signature				
	Print Name				

Date: <u>9-5-06</u>

Registration Statement	Common Council COMMITTEE
Please Print 04264	PLEASE PRINT CLEARLY
Agenda No. <u>57, 58, 59</u>	Name Man Schmitch Address 210 Marinette Try
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppo	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," <b>STOP</b> ; you need no of who you represent and go on to the next	ganization or a person other than yourself:  Yes No not complete the rest of this form. If you answered "yes," provide the name t question)
Name, address and telephone number of ea	ach person or organization you are representing:
$\mathbb{D}M$	
615 C. Wash.	
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)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Co Information Hearin Other Items	

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?
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign u answered "no" to the question, go on to the next question)
f you are beir hat:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
3.	If your principal spends or will owe more than \$1,000 for lobbying services in any reporting period (half year), the principal must file expense statements with the City Clerk for the remainder of the calendar year?
	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at he City-County Building, Madison, for more information)
Date 2-5	-DC Signature Maan Kannily
	Print Name

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Date:	<u> 1</u>	ا. ب	$\overline{}$	1. 1.	
	5		and the second		4 1 1 1 2

Registration Statement	Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No. 04264 63 = 65	Name May Carbine  Address 615 E. Washing for Aw  Madison WI 53703
Please check the appropriate boxes:  Support Oppose Neither Support Nor Oppose	and
At this meeting are you representing an organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next que.  Name, address and telephone number of each	ization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name testion.)
Madisans	Central BID Washington Ave WI 53703
613 E. Madison	WI 53703
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid of (If you answered "no," STOP; you need not question)	duties for this person or organization? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Information Hearing	mon Council) 5 minutes 3 minutes 3 minutes 3 minutes

	elected official or emplo mental body?	yee who is appearing	g solely on behal	If of your office or for your municipality or ☐ Yes ☐ No		
	ered "yes" to the questi you answered "no" to th			rest of this form, except that you must sign 1)		
If you are b that:	eing paid for your repre	esentation, or if your	appearance is p	part of other paid duties, please be advised		
1	Before you engage in with the City Clerk	n lobbying as a lobby	ist, you or your	principal must file an authorization		
2.	Your principal is no City Clerk	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk				
3.		he principal must fi		lobbying services in any reporting ments with the City Clerk for the		
	to the City Clerk's we f the City-County Buildin			ndex.html or go to the Clerk's Office at $\Lambda$		
Date	5-06	Signature Print Name	1/ 1/ low	Mary Carbino		

				Date: $9/5$	5/06
		CITY OF MAI	DISON		
Registrat	ion Statement -	Common C	Council		
Please Print	) 4264	PLEASE	PRINT CLEARLY		
		Name	Tom Wange	rd Brand	on Sivret
Agenda No. 5	8				
			1321 St Jame: Madison WF	53715	
Please check the app	ropriate boxes:				
Support Support			and Kursh to sp	peak	
<b>Oppose</b>			☐ Do not wi ☑ Available	ish to speak to answer ques	stions
Neither Su	upport Nor Oppos	3 <b>e</b> - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
(If you answered "no	ou representing an organism, "STOP; you need not and go on to the next of	ot complete the res	on other than yourself: t of this form If you ar	⊠ Yes 1swered "yes,"	☐ No provide the name
Name, address and to	elephone number of eac	ch person or organ	ization you are represe	enting:	
	n Action Co				
<u> </u>					
Are you being paid f	or your representation?	<b>?</b>		☐ Yes	☑ No
Are you appearing as (If you answered "no question)	s part of your other pai o," <b>STOP;</b> you need no	d duties for this pe ot complete the res	rson or organization? st of this form If you a	☐ Yes inswered "yes,"	☐ No " go on to the next
Speaking Limits:	Public Hearing (Col Information Hearing Other Items	The second of th			

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