

Date: 1-5-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

Please Print

04264

PLEASE PRINT CLEARLY

Name

Lindsay Ostrowski

Address

1906 Madison Apt 2

Agenda No.

58

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:

- Ad 2 Madison
827-2321

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: 9-5-06

CITY OF MADISON

Registration Statement - Common Council

COMMITTEE

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04264

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Name ROSEMARY LEE

Address 111 W WILSON

MADISON 53723

Agenda No. <u>58</u>

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and ~~only if a registrant in opposition~~
- ~~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
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REGISTRATION STATEMENT - PAGE 2

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Print Name _____

Date: 9-5-06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

Please Print

04264

Agenda No. 57, 58, 59

PLEASE PRINT CLEARLY

Name Susan Schmidt
Address 210 Marinette Trj

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:

DMI
615 E. Wash.

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:

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Information Hearing	3 minutes
Other Items	3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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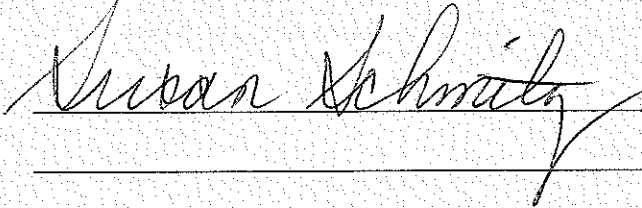
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Date 9-5-06

Signature



Print Name _____

Date: 9-5-06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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PLEASE PRINT CLEARLY

(57) (58) (59) Agenda No. <u>04264</u> <u>63 & 65</u>

Name Mary Carbone
 Address 615 E. Washington Ave
Madison, WI 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:

Madison's Central BID
615 E. Washington Ave
Madison, WI 53703

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

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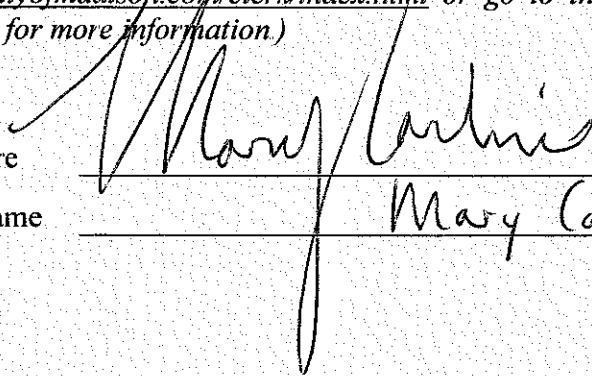
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Date 9-5-06

Signature



Print Name

Mary Carbone

Date: 9/5/06

CITY OF MADISON

Registration Statement - Common Council
COMMITTEE

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04264

PLEASE PRINT CLEARLY

Agenda No. 58

Name Tom Wangard + Brandon Sivret
Address 1321 St James ct
Madison WI 53715

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:

Halloween Action Committee

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.)

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