		Date:	
		CITY OF MADISON	
Registrati	ion Statement -	Common Council	
Please Print	3 <i>515</i>	PLEASE PRINT CLEARLY	
Agenda No.	37	Name Afforney Sand Spare Address 1892 Jenifer Madis on	<u>^</u>
Please check the appr	opriate boxes:		
Support Oppose Neither Su	pport Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions	
(If you answered "no,		anization or a person other than yourself: \[Yes No \] It complete the rest of this form If you answered "yes," provide the requestion)	name
Name, address and te	lephone number of eac	ch person or organization you are representing:	
Are you being paid fo	r 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:	Public Hearing (Con Information Hearing Other Items	nmon Council) 5 minutes 3 minutes 3 minutes	

Are you an elother governr	ected official or employee who is appearing solely on behalf of your office or for your municipality or ental body? Yes No
	ed "yes" to the question, STOP. 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:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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(Please go t Room 103 of	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: 09/17/06

Registration Statement -	Common Council
Please Print	PLEASE PRINT CLEARLY
	- 실시회의 문문은 문문으로 하고 하면서 된 사람들이 되고 하는 것이다. 항문으로 하는 것 같아요.
	Name Becca Abelson
Agenda No. 🗡 🕇	Address 975 Bascom Mall
	Mad.son, W1 53706
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Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	and Wish to speak Do not wish to speak Available to answer questions
Neither Support Nor Oppos	Available to answer questions
At this meeting are you representing an orga	nization or a person other than yourself: Yes No
(If you answered "no," STOP; you need no	t complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to the next q	
Name, address and telephone number of eac	h person or organization you are representing:
Neighborhood	Jow Poiect
9750	Law Project Mall
110 Bascom	
Madison, Wi	1 53706
Are you being paid for your representation?	☐ Yes ☑ No
The you being paid for your representation.	
	duties for this person or organization? Yes X No
(If you answered "no," STOP ; you need no question)	t complete the rest of this form. If you answered "yes," go on to the next
The state of the s	
	nmon Council) 5 minutes
	3 minutes
Other Items	3 minutes

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?
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Date	Signature
	Print Name

Date: 9 11 06

Registration Stat	ement - Common Coun	ıcil
	COMMITTEE	
Please Print	PLEASE PRINT	COLEADIA
	Name S	parah Mervine
Agenda No. 🔀 🗡	Address 9	75 Bascom Mall
	\mathcal{M}	ladison, W1 53706
Please check the appropriate box	Kes:	
Support	and	Wish to speak
Oppose		Wish to speak Do not wish to speak
Neither Support N	or Oppose	Available to answer questions
At this meeting are you represen	ting an organization or a person other	er than yourself: Yes No
		is form If you answered "yes," provide the name
of who you represent and go on	to the next question)	
Name, address and telephone nu	mber of each person or organization	you are representing:
Neighborho	od Law Project	
$G \supset F \supset A$	od Law Project com Mall	
475 Bas	com Illa 11	
Madison	WI 53706	
Are you being paid for your repr	resentation? (I WOVK for NU	Y Yes No
Are you appearing as part of you	ir other paid duties for this person or	r organization? 🖄 Yes 🗌 No
(If you answered "no," STOP; y	you need not complete the rest of thi	is form If you answered "yes," go on to the next
question)		
Speaking Limits: Public H	earing (Common Council) 5 min	urtes
	ion Hearing 3 min	
Other Ite		

	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, 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
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Date:	,	11	2	71	U (0		
			10.					
	111							

Registration Statement	- Common Council COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name / MCY JENSEN Address 702 N. High H. R. W. Madi Son, W. L.
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
	ganization or a person other than yourself: Yes \ \ \ No \ \ No \ \ No \ \ No \ \ Yes \ \ \ Yes \ \ \ No \ \ \ Yes \ Y
Name, address and telephone number of ea	ach person or organization you are representing:
A Dartment ASSOC	Wisc.
702 North High	Aint Rd
Madison, WI 53	7/7
Are you being paid for your representation	? ☐ Yes ☐ No
Are you appearing as part of your other pa (If you answered "no," STOP; you need no question)	id duties for this person or organization?
	mmon Council) 5 minutes g 3 minutes 3 minutes

Are you an el other governn	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, 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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	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 7	1906 Signature //4/21/2005			
	Print Name /VULCG/ VChSCh			

Date: 09/17/06

Registration Statement	Common Council			
	:::·COMMITTEE::\University			
Please Print				
	PLEASE PRINT CLEARLY			
	Name MARIA SELSOR			
Agenda No.	Address 975 BASCOM MALL			
	Name MARIA SELSOR Address 975 BASCOM MALL MADISON, WI 53706			
Please check the appropriate boxes:				
V Support	and/Wish to speak			
Oppose	Do not wish to speak			
Neither Support Nor Oppose	Available to answer questions			
At this meeting are you representing an organ	nization 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 qu	uestion)			
Name, address and telephone number of each	n person or organization you are representing:			
Neighborhood L	aw Project			
	Mall			
Madison, WI				
	트레스트 근심 보고 보고 없는 것 같아요. 된 가입스 때문 되었다고 🖊 하다는 말라.			
Are you being paid for your representation?	☐ Yes Yo			
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			
Speaking Limits: Public Hearing (Com	mon 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 nmental body?
	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

Date: 9/19/06

Registra	uon Statement - ₋	COMMITTEE	unch		
Please Print		PLEASE PRI	INT CLEARLY		
Agenda No.		Name	Nilip 130 w. C Madison	Ejercit Bilman- L. UI:	り 作(33703
Please check the app	propriate boxes:				
	upport Nor Oppos		Do not v Availabl	wish to speak le to answer ques	stions
(If you answered "n	ou representing an orga o, " STOP; you need not t and go on to the next q	t complete the rest of	this form. If you d	I:	provide the name
Name, address and t	elephone number of eac	h person or organizat	ion you are repres	senting:	
Are you being paid f	or your representation?			Yes	□No
	s part of your other paid o, " <i>STOP;</i> you need no				☐ No " go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	3 n	ninutes ninutes ninutes		

Date	Signature Print Name	
	the City-County Building, Madison, for more information)	
(Please go 1	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at	
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	lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?	

Date: 0 18 07

CITY OF MADISON

Registration Statement - Common Council

Please Print		
		PLEASE PRINT CLEARLY
		Name Lose Le Ourneau
Agenda No.		Address 2115 Frisch Rd.
		MADISM
Please check the app	propriate hoxes:	
i lease cheek ine app		
Support		and Wish to speak
Oppose		Do not wish to speak
	upport Nor Oppose	Available to answer questions
At this meeting are	you representing an organ	nization or a person other than yourself: Yes No
(If you answered "n	o," STOP; you need not	complete the rest of this form. If you answered "yes," provide the name
of who you represen	t and go on to the next qu	uestion)
Name, address and t	elephone number of each	h person or organization you are representing:
Are you being paid f	for your representation?	☐ Yes ☐ Xvo
Are you appearing a	s part of your other paid	duties for this person or organization? Yes No
(If you answered "n question)	o," STOP; you need not	t complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:		mon Council) 5 minutes
	Information Hearing Other Items	
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Date /	1/19/07 Signature		
	Print Name		