Date: 1-6-07

Registration Statement -	Common Council COMMITTEE
Please Print 05379	PLEASE PRINT CLEARLY
Agenda No.	Name Fredhe (28) Address 24/4 Alled Dr Mades
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 organ (If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next quantum of the your representation of the next quantum of the your representation of the your representa	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	n person or organization you are representing:
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)	duties for this person or organization?   Yes No complete the rest of this form If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
· ·	vered "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.)
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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at f the City-County Building, Madison, for more information.)
Date	Signature
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	Date:
	CITY OF MADISON
Registration Statement -	Common Council
	COMMITTEE
Please Print 05379	PLEASE PRINT CLEARLY
	Name Vivian Allen
Agenda No.	Address Creccent Rd
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Please check-the appropriate boxes:	
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At this meeting are you representing an organ (If you answered "no," STOP; 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
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 d (If you answered "no," <b>STOP;</b> you need not a question)	luties for this person or organization? Yes No complete the rest of this form. If you answered "yes," go on to the next
	non Council)5 minutes3 minutes

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Date	Signature
	Print Name

		Date:
		CITY OF MADISON
Registra	tion Statement	Common Council
	18	COMMITTEE
Please Print	U 5379	PLEASE PRINT CLEARLY
		Name Parrish (UIII)
Agenda No	2 / 1	Address Alled Diug
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Name, address and t	elephone number of each	n person or organization you are representing:
Are you being paid i	or 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:	Information Hearing	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 mental body?
	vered "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)
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Date	Signature
	Print Name

Date: 2-6-07

Registration :	Statement - Com	mon Cour	<u>ıcil</u>		
	COMMIT	TEE			
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		Name	shelllix	Malli	+
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Are you being paid for your	r representation?			☐ Yes	No No
Are you appearing as part of (If you answered "no," ST question)				☐ Yes swered "yes," {	☐ No go on to the next
Speaking Limits: Pub	lic Hearing (Common Cou	ncil)5 min	utes		
	rmation Hearing				
	er Items	3 min	ntes		

Are you an e other govern	cted official or employee who is appearing solely on behalf of your office or for your municipality ental body?	y or
	ed "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must s u answered "no" to the question, go on to the next question.)	sign
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	the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office ne City-County Building, Madison, for more information.)	? at
Date	Signature	
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Date: 2 - 6 - 07

Registrati	on Statement	Common Council
		COMMITTEE
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Agenda No.	67	Name HMM AltXANIdel Address 2422 Allied DR 24
Agenua 110. // //		Address 27/22 Huiea NR 29
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		nization or a person other than yourself: Yes No complete the rest of this form If you answered "yes," provide the name
	and go on to the next qu	
Name address and tel	enhone number of each	person or organization you are representing:
A		
Are you being paid for	your representation?	☐ Yes   No
		duties for this person or organization?
(If you answered "no, question)	" STOP; you need not	complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Comr Information Hearing	non Council) 5 minutes 3 minutes
	Other Items	3 minutes

	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)
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Date	Signature
	Print Name

Date: 2-6-07

Registration Statement -	COMMITTEE
Please Print 05379	PLEASE PRINT CLEARLY
	Name VelMA DACKSON
Agenda No. Agenda No.	Name VelmA JACKSON Address 4538 SAENEWINE
Please check the appropriate boxes:	
	and Wish to speak
Oppose	☐ Do not wish to speak ☐ Available to answer questions
Neither Support Nor Oppose	> . 그는 하는 이번 경험을 보고 있다는 수 있다는 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들이 되었다.
	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion)
Name, address and telephone number of each	n person or organization you are representing:
Are you being paid for your representation?	☐ Yes 🗹 No
Are you being paid for your representation.	
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this person or organization?  Yes No complete the rest of this form If you answered "yes," go on to the next
	mon Council) 5 minutes 3 minutes

<del>.</del>	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.)
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Date	Signature
	Print Name

	Date:
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print 05379	PLEASE PRINT CLEARLY
Agenda No. 67	Name Gregory Wrigh  Address 2406 Allred Dr. APT
Please check the appropriate boxes:	
Support	and ✓ Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	e Available to answer questions
At this meeting are you representing an orga If you answered "no," <b>STOP</b> ; you need not of who you represent and go on to the next q	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each	h person or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid  If you answered "no," <b>STOP</b> ; you need not need not need in the street of the stre	duties for this person or organization?   Yes No t complete the rest of this form. If you answered "yes," go on to the next

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

Speaking Limits:

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?
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Date	Signature
	Print Name

	and the state of t
	CITY OF MADISON
Registration State	ment - Common Council
	COMMITTEE
Please Print  O 5  Agenda No.	Name Manual Rd  Address Croscert Rd
Please check the appropriate boxe	
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Oppose	Available to answer questions
Neither Support No.	
If you answered "no," <b>STOP;</b> you feel the state of the s	ng an organization or a person other than yourself:  Yes  No nu need not complete the rest of this form. If you answered "yes," provide the name the next question.)  The next question or organization you are representing:
Are you being paid for your repres	sentation?
	other paid duties for this person or organization? Yes No nu need not complete the rest of this form. If you answered "yes," go on to the nex
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Date	Signature
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	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
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Support Oppose Neither Support Nor Oppos	and   Wish to speak   Do not wish to speak   Available to answer questions
At this meeting are you representing an orga (If you answered "no," STOP; you need not of who you represent and go on to the next q	t complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of eac	h person or organization you are representing:
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Are you appearing as part of your other paid (If you answered "no," STOP; you need no question.)	duties for this person or organization? Yes No- t complete the rest of this form. If you answered "yes," go on to the next
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Date	Signature
	Print Name

Date: 2/7/07

Registra	tion Statement -	Common Cou	ncil		
		COMMITTEE			
Please Print	05379	PLEASE PRIN	IT CLE	ARLY	
		Name M,	اعناا	Uge Con Klin	
Agenda No. 6		Address 1/	22	Allied Di #.	3
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Are you being paid	for your representation?			☐ Yes	No No
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Date	Signature
	Print Name

Date:	21	0 0	J	e C
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Registration Statement -	Common Council COMMITTEE
Please Print 05379	PLEASE PRINT CLEARLY
Agenda No	Name Marsha Rimmel Address 1339 Rulledge St # 2
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose	and Wish to speak  Do not wish to speak  Available to answer questions  Se
At this meeting are you representing an org (If you answered "no," <b>STOP</b> ; you need no of who you represent and go on to the next	ot complete the rest of this form If you answered "yes," provide the name
Name, address and telephone number of ea	ich person or organization you are representing:
Are you being paid for your representation	? Yes No
Are you appearing as part of your other pai (If you answered "no," STOP; you need no 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
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	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
(If you answ this form If	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)
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Date:  $\frac{\partial /7}{\partial 7}$ 

Registration	StatementC	ommon Co	uncil		
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		Name	Trea Su	beck	
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		Address —	10 Noo	1 1 -	7710
			2000	Wan S	<del>&gt; / / / </del>
Please check the appropria	ate boxes:				
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At this meeting are you re	presenting an organiza	tion or a person	other than vourself:	Yes	≫No
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Are you being paid for yo	or representation?			Yes	□ No
into you some para for yo					
Are you appearing as part				Yes	□ No
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