Date: 2/4/2007

Please Print OH443 PLEASE PRINT CLEARLY Name Liffle Address 214 M Marguette Please check the appropriate boxes: Support Oppose Neither Support Nor Oppose 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) Are you being paid for your representation? 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)	Registration Statement -	Common Council
Please check the appropriate boxes: Support		
Please check the appropriate boxes: Support	Please Print	
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Please check the appropriate boxes: Support		Address 219 19 19 190
Support Oppose Neither Support Nor Oppose 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 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		Madison W 53704
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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next	Are you being paid for your representation?	Yes (No
		complete the rest of this form. If you answered "yes," go on to the next
	question.)	
Speaking Limits: Public Hearing (Common Council) 5 minutes	Speaking Limits: Public Hearing (Com	mon Council) 5 minutes
Information Hearing 3 minutes		3 minutes
information from the aminute personal manual and the second secon	Other Items	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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.)
If you are bhat:	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 f the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 2/6/07

Registration Statement	Common Council COMMITTEE		
Please Print 04443	PLEASE PRINT CLEARLY		
	Name WICHOLAS SCHROEDER		
Agenda No.	Name WICHOLAS SCHROEDER Address 213 S. BALOWIN ST		
Please check the appropriate boxes:			
Support	and Wish to speak		
Oppose	☐ Do not wish to speak ☐ Available to answer questions		
Neither Support Nor Oppose			
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 of (If you answered "no," STOP; you need not question)	duties for this person or organization?		
Speaking Limits: Public Hearing (Communication Hearing Other Items	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? Yes No
	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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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?
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Date	Signature
	Print Name

	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print 04443	PLEASE PRINT CLEARLY
Agenda No.	Name Marsh Lummel Address 1339 Rutledge St #Z
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," 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	
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 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
Information Hearing	non 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?
	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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	to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at fithe City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: $\frac{2\sqrt{b/c7}}{}$

Registra	ition Statement	Common Cou	ncil		
		COMMITTEE			
Please Print	04443	PLEASE PRIN	T CLEARLY		
		Name		USTITA	
Agenda No	Cog	Address	533	W. Wam	A
			MADISM		
Please check the ap	propriate boxes:				
		and		o speak	
Oppose			☐ Do not☐ Availa	wish to speak ble to answer que	estions
Neither S	Support Nor Oppose				
(If you answered "r	you representing an organ no," STOP; you need not nt and go on to the next qu	complete the rest of th	ner than yourse his form If you	elf: Yes u answered "yes,"	⊠ No " provide the name
Name, address and	telephone number of each	person or organizatio	n you are repr	esenting:	
Are you being paid	for your representation?			☐ Yes	☑No
	ns part of your other paid on, " STOP; you need not				
Speaking Limits:		mon Council)5 mii 3 mii			

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
	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
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	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print 04443	PLEASE PRINT CLEARLY
Agenda No. O	Name Carolo Schaeffer Address 282 alpina Meadow Com
	<u> Oregon'wr 53575-</u>
Please check the appropriate boxes:	실어보다는 경험에 가는 사람들은 그리고 있는 것이 되었다. 사람들 때 기계를 하는 것이 하는 사람들은 것이 되었다.
Support Oppose Neither Support Nor Oppose	and Wish to speak Do not wish to speak Available to answer questions
	nization or a person other than yourself: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name, address and telephone number of each	
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$\underline{}$	
Are you being paid for your representation?	✓Yes □ No
Are you appearing as part of your other paid of	
	mon Council) 5 minutes 3 minutes 3 minutes

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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, 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)
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Date 5-0	Don Signature (math
	Print Name Carlo Schaelfer

Date: 2/6/67

Registration Statement -	Common Council
Please Print	
0 4443	PLEASE PRINT CLEARLY
	Name Petrick Mc Donne
Agenda No. #69 #04443	Address 441 N. Paterson
NCD	
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	Available to answer questions
At this meeting are you representing an organic of the control of	anization or a person other than yourself: Yes No of complete the rest of this form If you answered "yes," provide the name
of who you represent and go on to the next	question)
	b person or organization you are representing:
	ch person or organization you are representing:
Jenney-Lapham No	eighborhood Assoc.
441 N. Paterson	
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Are you being paid for your representation?	☐ Yes ☐ X\(\sigma\)
Are you appearing as part of your other paid	d duties for this person or organization? Yes No
(If you answered "no," STOP; you need no question)	ot complete the rest of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Cor	nmon 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 mental body?
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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 the City-County Building, Madison, for more information)
Date	Signature
	Print Name

Date: 2/6/07

Registration Statement -	Common Council COMMITTEE
Please Print 04443	
	PLEASE PRINT CLEARLY
Agenda No. 69	Name Phil Salkin
	Address 1229 Entemprise Dn Verong, Wi 59593
	Venna, Wr 59593
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speak
Neither Support Nor Oppos	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:	
REALTORS Assoc of South Central	
4801 Forest Run Rd	
Madison, Wi 53704	
Are you being paid for your representation?	
Are you appearing as part of your other paid (If you answered "no," STOP; you need no question)	d duties for this person or organization? Yes Andrews You wanted Yes Andrews You complete the rest of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes	