Date: July 17,2007

City of Madison Registration Statement - Common Council

Please Print	PRINT NAME CLEARLY
Agenda No. 99	Name Caronsel Bayrol Address 4901 Sharwood Road Madwon, W1 53711
Please check the appropriate boxes:	
(If you answered "no," STOP ; you need question)	Oppose Wish to speak Do not wish to speak Available to answer questions ganization or a person other than yourself: Yes No not complete the rest of this form. If you answered "yes," go on to the next ach person or organization you are representing:
Are you being paid for your representation	n? ☐ Yes ☐ No
Are you appearing as part of your other part (If you answered "no," STOP; you need question)	aid 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 Information Heari Other Items	5 minutes ng 5 minutes 3 minutes

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other \[\sum \text{Ves} \] No
	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)
If you are b that:	ing paid for your representation, or if your appearance is part of other paid duties, do you understand
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 the principal is registered with the City Clerk?
3	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

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Please Print		PRINT NAME CLEARLY
Agenda No	9 05427	Name Robert Artis Address B4B4ChALEtgr
Please check the app	oropriate boxes:	
At this meeting are y (If you answered "n question)	vish to speak e to answer questions you representing an organiza o, "STOP; you need not co	Oppose
Are you being paid	for your representation?	☐ Yes 🗖 No
Are you appearing a (If you answered "n question)	s part of your other paid dut o," STOP; you need not co	ies for this person or organization?
Speaking Limits:	Public Hearing Information Hearing	5 minutes
	Other Items	3 minutes

Are you ar governmen	elected official who is appearing solely on behalf of your office or for your municipality or other
the same of a strain of the st	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.)
If you are that:	ing paid for your representation, or if your appearance is part of other paid duties, do you understand
1.	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? \square \text{I} No
2	Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? \(\sum \text{\tin}\text{\te}\tinth{\text{\texi{\text{\texi}\text{\text{\text{\text{\text{\texi\texi{\text{\text{\text{\texi{\text{\texi}\t
3.	If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?
	ered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's m 103 of the City-County Building, Madison, for more information)
Date	Signature
	Print Name

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Please Print		PRINT NAME CLEARLY
Agenda No.	05427	Name Alice Howard Address 2106 Red Arrow Th
Please check the app	ropriate boxes:	
At this meeting are y (If you answered "n question)	vish to speak le to answer questions you representing an organiza o, "STOP; you need not co	Oppose ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions ation or a person other than yourself: ☐ Yes ☐ No mplete the rest of this form. If you answered "yes," go on to the next erson or organization you are representing:
Are you being paid	for your representation?	☐ Yes 🌂 No
Are you appearing a (If you answered "n question)	s part of your other paid du o," STOP; you need not co	ties for this person or organization? Yes Ano mplete the rest of this form. If you answered "yes," go on to the next
Speaking Limits:	Public Hearing Information Hearing. Other Items	5 minutes 5 minutes 3 minutes

Are you ar governmen	elected official who is appearing solely on behalf of your office or for your municipality or other labody?
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If you are l that:	peing paid for your representation, or if your appearance is part of other paid duties, do you understand
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	wered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's from 103 of the City-County Building, Madison, for more information)
Date	Signature
	$oldsymbol{Print}$ Print Name

Date:	7	[]	て	\mathfrak{I}	
and the first first first				_	 7.

Please Print		PRINT NAME CLEARLY
Agenda No	9/5427	Name Barry Homes Address 4605-4 Crescent Rd Established
Please check the app	ropriate boxes:	
At this meeting are y (If you answered "no question)	vish to speak to answer questions ou representing an organiza o, " STOP; you need not con	Oppose Wish to speak Do not wish to speak Available to answer questions tion or a person other than yourself: Yes nplete the rest of this form. If you answered "yes," go on to the nex
Are you being paid f	or your representation?	☐ Yes ☐ No
Are you appearing a (If you answered "no question)	s part of your other paid dut o, " STOP; you need not con	ies for this person or organization? Yes No mplete the rest of this form If you answered "yes," go on to the nex
Speaking Limits:	Public Hearing Information Hearing Other Items	

Are you an government	elected official who is appearing solely on behalf of your office or for your municipality or other al 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)
If you are b that:	eing paid for your representation, or if your appearance is part of other paid duties, do you understand
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(If you answ Office at Ro	vered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's om 103 of the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 7-17-2007

City of Madison Registration Statement - Common Council

Please Print		PRINT NAME CLEARLY
Agenda No.	99 05427	Name Felicia Greer Address 4661 Atticus way 110 Hadison wf 53711
Please check the app	propriate boxes:	
Available At this meeting are y (If you answered "n question.)	vish to speak e to answer questions you representing an organiz o, " STOP; you need not co	Oppose Wish to speak Do not wish to speak Available to answer questions ation or a person other than yourself: Yes No mplete the rest of this form If you answered "yes," go on to the next erson or organization you are representing:
Are you being paid	for your representation?	☐ Yes ☐ No
Are you appearing a (If you answered "n question)	s part of your other paid du oo," STOP; you need not co	ties for this person or organization? Wes Area Yes Area
Speaking Limits:	Public Hearing Information Hearing Other Items	5 minutes

Are you governm		ected official who is appearing solely on behalf of your office or for your municipality or other oody?
		ed "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign unangular unangular unangular that you on to the next question)
If you ar	re bein	g paid for your representation, or if your appearance is part of other paid duties, do you understand
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Date		Signature
		Print Name

Date: 7-16-07

City of Madison Registration Statement - Common Council

Please Print		PRINT NAME CLEARLY	
	ଦ ୍ର	Name James Phillips Address 474/ Crescent Rd Madison WZ 53711	
Agenda No.		Address 9741 Crescent Rd	
	DS 427	Modisin WZ 53711	
Please check the app	ropriate boxes:		
Availabl At this meeting are y	vish to speak e to answer questions you representing an organiz	Oppose Wish to speak Do not wish to speak Available to answer questions ation or a person other than yourself: Yes No mplete the rest of this form If you answered "yes," go on to the rest	ıext
	elephone number of each p	erson or organization you are representing:	
Are you being paid f	for your representation?	☐ Yes ☐ No	
Are you appearing a (If you answered "naquestion.)	s part of your other paid du o," STOP; you need not co	ties for this person or organization? Yes No mplete the rest of this form. If you answered "yes," go on to the r	ıext
Speaking Limits:	Public Hearing	5 minutes	
	Information Hearing	5 minutes 5 minutes	
	Other Items	3 minutes	

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Date	Signature
	Print Name

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Date:		. The second		
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Please Print		PRINT NAME CLEARLY
Agenda No. 99	>5427	Name La Shonda Thomas Schwarz Address 4741 Crescent Rd Apt Madison WI 573711
Please check the app	ropriate boxes:	
	speak vish to speak e to answer questions	Oppose Wish to speak Do not wish to speak Available to answer questions
(If you answered "no question.)	o," STOP; you need not co	ation or a person other than yourself: Mes No mplete the rest of this form. If you answered "yes," go on to the next erson or organization you are representing:
Are you being paid f	or your representation?	☐ Yes ☐ No
Are you appearing as (If you answered "no question.)	s part of your other paid du o, " STOP; you need not co	ties for this person or organization? Yes No mplete the rest of this form If you answered "yes," go on to the next
Speaking Limits:	Information Hearing	5 minutes 5 minutes 3 minutes

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