Date: 4 ~ 18 . 87

Registra	tion Statement -	COMMITTEE	Council		
Please Print	06939	PLEASE	PRINT CLEARLY		
	<b>~</b>	Name	13 orbara V	e day	
Agenda No.	$\mathcal{C}_{\mathcal{C}}$	Address	2314 E, 1	Day ton	, St,
			13 orbara V 2314 E. I Mad Ison	53	704
Please check the app	propriate boxes:				
Support			and [ Wish to spea		
Oppose			Do not wish  Available to		stions
Neither S	Support Nor Oppos	<b>e</b>			
(If you answered "n		complete the res	son other than yourself:  t of this form. If you ansv	· · · · · · · · · · · · · · · · · · ·	
Name, address and	telephone number of eacl	h person or organ	ization you are representi	ng:	
Are you being paid	for your representation?			☐ Yes	□ No
	ns part of your other paid no," <b>STOP;</b> you need not		rson or organization? st of this form If you ansv	Yes wered "yes,"	☐ No " go on to the next
Speaking Limits:	Public Hearing (Com				
	Information Hearing	1 <b>91</b> 9 4 4 · · · · · · · · · · · · · · · · ·	3 minutes		

Are you an ele	cted 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, <b>STOP.</b> You need not complete the rest of this form, except that you must sign unangued to the question, go on to the next question)
If you are beir that:	g 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?
	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:	9-1	8 -	-07

Registrat	ion Statement - ַ	Common Committee	ouncil		<del></del>
Discos Deina		OOMMITTEE.			
Please Print	06939	PLEASE	PRINT NAME CLEA	RLY	
Ç	2	Name	Lny 6/ bs	3/	
Agenda No.		Address _	1610 Ange	l Crest	Way
			Madison	WZ 53	3716
Please check the app	propriate box:		Please check the	appropriate bo	X:
Support Oppose Neither Su	pport Nor Oppos	AND e	☐ Wish to speak ☐ Do not wish t☐ Available to a		
(If you answered "no	ou representing an orga ," <b>STOP;</b> you need not and go on to the next q	t complete the rest	n other than yourself: of this form. If you answe	Yes  ered "yes," prov	No No ide the name
Name, address and te	lephone number of eac	h person or organiz	ation you are representing	ıg:	
		······································		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·				
Are you being paid for	or your representation?			☐ Yes	]No
	part of your other paid," <b>STOP;</b> you need no		son or organization? of this form If you answ	Yes Zered "yes," go o	No on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes		

		ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  Yes No
		red "yes" to the question, <b>STOP.</b> 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 a that:	re bei	ing 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	2	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
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	~	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: 9 - 18 - 07

Registration	on Statement	Common	Council		
Please Print		COMMITTEE			
1 lease 1 till	06939	PLEAS	E PRINT NAME CLE	ARLY	
Agenda No	8/		Barbara 2304 M	a Sche Tckenn 3211	ef z
Please check the app	ropriate box:		Please check th	ne appropriate box:	
Support Oppose Neither Su	pport Nor Oppos	AND	Wish to spe Do not wish Available to		
At this meeting are yo (If you answered "no, of who you represent of	" STOP; you need not	complete the res	son other than yourself:  t of this form. If you answ	☐ Yes ☐ Now wered "yes," provide	the name
Name, address and tel	ephone number of eacl	h person or orgar	ization you are represent	ing.	•
Are you being paid for	your representation?			☐ Yes ⊠No	O
Are you appearing as j (If you answered "no, question)	part of your other paid " <b>STOP;</b> you need not	duties for this po t complete the re	erson or organization? st of this form. If you ans	Yes Nowered "yes," go on t	e the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items		3 minutes		

		lected official or emmental body?	ployee who is appeari	ng solely on behalf of you	ur office or for you	ır municipality or No
1 -			estion, <b>STOP.</b> You need to the question, go on t	d not complete the rest of the next question)	this form, except t	hat you must sign
If you that:	are be	ing paid for your re	epresentation, or if you	ir appearance is part of o	other paid duties, j	olease be advised
	1.	Before you engag with the City Cler		oyist, you or your princip	al must file an autl	norization
	2	Your principal is City Clerk	not permitted to author	orize you to lobby unless	you are registered	l with the
	3.	·	), the principal must	re than \$1,000 for lobbyi file expense statements	•	
	_	· ·	website <u>www.cityofmo</u> lding, Madison, for mo	adison.com/clerk/index.ht ore information)	ml or go to the	Clerk's Office at
Date			Signature			
			Print Name			

Date: 9/15/07

Registratio	n Statement -	Common Council COMMITTEE
Please Print  Agenda No.	06939	PLEASE PRINT NAME CLEARLY  Name Lisa Suspell  Address SISS. Cocumon Hcf  Madisan WISSI
At this meeting are you (If you answered "no," of who you represent ar	port Nor Oppos representing an orga STOP; you need no nd go on to the next	anization or a person other than yourself:   Yes No Not complete the rest of this form. If you answered "yes," provide the name
(If you answered "no," question)  Speaking Limits:	art of your other paid STOP; you need no	d duties for this person or organization?   Yes No of complete the rest of this form If you answered "yes," go on to the nex mmon Council)5 minutes

Are you an el other governn	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?  Yes No
A = 45	red "yes" to the question, <b>STOP.</b> 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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	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: 9/18/07

Registration Sta	tement - Common Counc	
Please Print	)6939 PLEASE PRINT	CLEARLY
Agenda No.	Name	ARNESTINE MOSS 129 BROWNING Rd Madison, WIS3704
Please check the appropriate bo	)Xes:	
Support Oppose Neither Support N	and Nor Oppose	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
		r than yourself: Yes No No form If you answered "yes," provide the name
Name, address and telephone n	umber of each person or organization	you are representing:
Communities	united & Self	
Are you being paid for your rep	oresentation?	Yes No
	our other paid duties for this person or you need not complete the rest of this	organization?
	Hearing (Common Council) 5 minu	
	ation Hearing 3 minutems 3 minu	

Are you an el other governr	lected official or employee who is appearing solely on behalf of your office or for your municipality or nental 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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	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	Signature
	Print Name

	Date: 9-18-07
Registration Statement - <u>C</u>	ITY OF MADISON  ommon Council  MMITTEE
Please Print 069 39	PLEASE PRINT CLEARLY
Agenda No. 81	Name Mary Anglene  Address 2134 E Weishington Av  Madeson 53704
Please check the appropriate boxes:	
<ul><li>✓ Support</li><li>☐ Oppose</li><li>☐ Neither Support Nor Oppose</li></ul>	and ☑ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you representing an organizar (If you answered "no," <b>STOP</b> ; you need not come of who you represent and go on to the next quest.	aplete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each per	rson or organization you are representing:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid duti (If you answered "no," <b>STOP</b> ; you need not con question)	es for this person or organization?

Speaking Limits:

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
	wered "yes" to the question, <b>STOP.</b> You need not complete the rest of this form, except that you must sign f 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 of the City-County Building, Madison, for more information)
Date	Signature
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