Date:	9-1	8-0	7

Registration Statement	Common Council
	COMMITTEE
Please Print 05739	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Barbara Schulf Address 2304 McKenna 5371/
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	· · · · · · · · · · · · · · · · · · ·
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
	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
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 nmental 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 t that:	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 fifther the City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 9-/8-07

Registrati	on Statement -	Common Council
		COMMITTEE
Please Print	057139	PLEASE PRINT NAME CLEARLY
Agenda No	1	Name LOSEMARY LEE Address 11) W W. Sch #108
		MADISON 53703
Please check the app	propriate box:	Please check the appropriate box:
Support		☐ Wjsh to speak
Oppose		AND Do not wish to speak
	pport Nor Oppos	Available to answer questions
of who you represent	and go on to the next o	of the complete the rest of this form. If you answered "yes," provide the name question) The person of organization you are representing:
Are you being paid for	or your representation?	☐ Yes ☐ No
		d duties for this person or organization?
Speaking Limits:	Public Hearing (Con Information Hearing	nmon 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, 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, please be advised
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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
	a distribution of the control of the

				Date:	
		CITY OF MAD	SON		
Registrat	ion Statement -	Common Co	ouncil		
Please Print	05739	PLEASE	PRINT NAME CLE	A	
	μ	Name _	Rolf Ro.	det eld	
Agenda No.		Address _	602 S 17	Cornton I	fre
			602 S TA	WI 5.	3703
Please check the ap	propriate box:		Please check th	ne appropriate box	X:
Support			Wish to spe		
Oppose	apport Nor Oppos	AND	Do not wish Available to	to speak answer questions	
(If you answered "no of who you represent	ou representing an orgo," STOP; you need not and go on to the next elephone number of each	ot complete the rest of question)	f this form. If you ans		de the name
Are you being paid f	or your representation	2		☐ Yes ☐	No
Are you appearing as (If you answered "no question)	s part of your other pai o," STOP; you need no	d duties for this person ot complete the rest o	on or organization? of this form. If you ans	Yes swered "yes," go o	No n to the next
Speaking Limits:	Information Hearing	mmon Council) 5 g 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?
	red "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 bei 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 he City-County Building, Madison, for more information.)
Date	Signature
	Print Name

Date: 9/13/07

Registration Statement	Common Council COMMITTEE
Please Print 05739	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Dawn Crim Address 5647 Longford Terrace Madism WI 53711
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
(If you answered "no," STOP ; you need not of who you represent and go on to the next q	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion.) h person or organization you are representing:
LW Madison	
500 Lincoln DR	
Mad. WI 53711	
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 to complete the rest of this form If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items	nmon Council) 5 minutes 3 minutes 3 minutes

 A. Carrier, M. W. Garrier, A. S. Garrier, Phys. Rev. Lett. 19, 120 	elected official or employee who is appearing solely on behalf of your office or for your municipalit mental body?	y or			
	ered "yes" to the question, STOP. You need not complete the rest of this form, except that you must you answered "no" to the question, go on to the next question.)	sign			
If you are be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be adv	ised			
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 the City-County Building, Madison, for more information.)	e at			
Date	Signature				
	Print Name				

Date: Sept. 18 2007

Registrati	ion Statement - ַ	Common C	ouncil	· .
		COMMITTEE		
Please Print	05739	PLEASE	PRINT NAME CLE	
	1)	Name	DAN O'C	Se IEN
Agenda No/		Address	, .	RANKLIN
·		-	MADISOI	v 53703
Please check the app	propriate box:		Please check th	ne appropriate box:
Support		AND	☐ Wish to spe	
Oppose Neither Su	l ipport Nor Oppos			answer questions
<u> </u>			16	□ v. tan
(If you answered "no	ou representing an orga ," STOP; you need not and go on to the next q	t complete the rest	on other than yourself: of this form. If you ans	Yes No No wered "yes," provide the name
Name, address and te	lephone number of eac	h person or organi	zation you are represent	ting:
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			· · · · · · · · · · · · · · · · · · ·	
Are you being paid for	or your representation?			Yes No
Are you appearing as (If you answered "no question)	part of your other paid o," STOP; you need no	l duties for this per to to the resi	son or organization? t of this form. If you ans	☐ Yes ☐ No swered "yes," go on to the nex
Speaking Limits:	Public Hearing (Con Information Hearing Other Items		3 minutes	

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes 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 be that:	eing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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: 9-18-07

Registrati	on Statement -	COMMITTEE		
Please Print	05739	PLEASE PRINT NAME CLEA	ARLY	
Agenda No	14	Name Luy Gibse Address 1610 Angel Madison	Crest WI	Wan 537/6
Please check the app	ropriate box:	Please check th	e appropriat	te box:
Support Oppose Neither Su	pport Nor Oppo	AND Wish to spea Do not wish Available to		tions
At this meeting are you (If you answered "no of who you represent	," STOP; you need n	ganization or a person other than yourself: ot complete the rest of this form. If you answ question.)	Yes wered "yes,"	№ No provide the name
Name, address and te	lephone number of ea	nch person or organization you are represent	ing:	
Are you being paid fo	or your representation	?	Yes	⊠ No
Are you appearing as (If you answered "no question)	part of your other pa o, " STOP; you need r	id duties for this person or organization? not complete the rest of this form. If you ans	Yes wered "yes,"	\times \text{No} No ' go on to the next
Speaking Limits:	Information Hearing	ommon Council) 5 minutes ag 3 minutes 3 minutes		

	ou an elected official or employee who is appearing solely on behalf of your office or for your municipality or governmental body? Yes No
	answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign rm. If you answered "no" to the question, go on to the next question)
If you that:	are being paid for your representation, or if your appearance is part of other paid duties, please be advised
	Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk
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	e go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 103 of the City-County Building, Madison, for more information)
Date	Signature
_	Print Name

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Date: _	ent to the second	10/0	

Registrati	on Statement -	Common C	ouncil		
		COMMITTEE			
Please Print	05739	PLEASE	PRINT NAME CLEA	\RLY	
Agenda No.	4	Name	Daniel Sp	1/1	-/-
Agenda 110.		Address	Apt 3A	are) T
Please check the app	ropriate box:		Please check the	e appropria	te box:
Support Oppose Neither Su	pport Nor Oppos	AND	☐ Wish to spea☐ Do not wish☐ Available to	to speak	stions
At this meeting are yo (If you answered "no, of who you represent of	" STOP; you need no	ot complete the rest	on other than yourself: of this form. If you answ	Yes vered "yes,"	No provide the name
Name, address and tel	ephone number of eac	ch person or organi	zation you are representi	ng:	
Are you being paid fo	r your representation	?		Yes	D√No
Are you appearing as (If you answered "no, question.)	part of your other pains of your need not	d duties for this per ot complete the res	rson or organization? t of this form If you answ	☐ Yes wered "yes,'	☐ No " go on to the next
Speaking Limits:	Public Hearing (Con Information Hearing Other Items	g	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? Yes No
	red "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 bei that:	ng paid for your representation, or if your appearance is part of other paid duties, please be advised
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Date	Signature
	Print Name

			Date:		
		CITY OF MAD	DISON		
Registra	tion Statement -	Common C	ouncil		
Please Print Agenda No.	os 739 Ц		e PRINT NAME CLEARLY MGH Dulak 208 Langdon St. #8		
Please check the ap	propriate box:		Please check the appropriate box:		
☐ Support ☐ Oppose ☐ Neither Support Nor Oppose ☐ AND ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions					
(If you answered "n	you representing an orga o," STOP; you need no t and go on to the next o	t complete the rest	on other than yourself: Yes No of this form If you answered "yes," provide the nam		
Name, address and t	elephone number of eac	ch person or organi	zation you are representing:		
Are you being paid	for your representation?		☐ Yes ☐ No		
	s part of your other paid o," STOP; you need no		son or organization? Yes No t of this form If you answered "yes," go on to the ne.		
Speaking Limits:	Public Hearing (Cor Information Hearing Other Items		3 minutes		

Are you an eleother government	ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
	red "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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	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	18/	67	

Registration Stater	ent - Common Council COMMITTEE	
Please Print OS 739	PLEASE PRINT CLEARLY	
Agenda No.	Name JUDY Olson Address Sign Clemons IMAGEST	
Please check the appropriate boxes		
Support Oppose Neither Support Nor	and Wish to speak Do not wish to speak Available to answer questions	
(If you answered "no," STOP ; you of who you represent and go on to	an organization or a person other than yourself: Yes No need not complete the rest of this form. If you answered "yes," provide the next question.)	name
rvame, address and deephone num		
Are you being paid for your repres	ntation? ☐ Yes 🔀 No	
Are you appearing as part of your (If you answered "no," STOP; you question)	her paid duties for this person or organization? Yes No need not complete the rest of this form. If you answered "yes," go on to the	e next
Information	ng (Common Council) 5 minutes Hearing 3 minutes 3 minutes	

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 u answered "no" to the question, go on to the next question)					
If you are bein 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 he City-County Building, Madison, for more information.)					
Date <u>61/</u> (8/6) Signature Junyk Olsm					

Date:	9	18	9	7	

Registratio	n Statement - <u>C</u>	ommon (Council		
Please Print		PLEASE	PRINT CLEARLY		
Agenda No/	1 05138	Name Address	John Sc 123 W. U Madiso	nerpera Jashington vi	n Ave
Please check the approp	oriate boxes:				
Support Oppose Neither Sup	port Nor Oppose			peak sh to speak to answer questio	ns
(If you answered "no,"	representing an organiza STOP; you need not cond go on to the next quest	nplete the re:	son other than yourself: st of this form. If you ar	☐ Yes `` iswered "yes," pr	No ovide the name
Name, address and tele	phone number of each pe	rson or orgar	nization you are represe	nting:	
Are you being paid for	your representation?			☐ Yes [□ No
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	Public Hearing (Commo Information Hearing Other Items	manda kalaman daga karata Bari 1917 - Bari Afrika Karata	3 minutes		

	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)
If you are be that:	sing paid for your representation, or if your appearance is part of other paid duties, please be advised
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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

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Date:		.10 -	<u>U †</u>	

Registration States		
,	COMMITTEE	
Please Print OS	739 PLEASE PRINT NAME CL	EARLY
Agenda No\	Name Bert St. Address 120 S.	Franklin ST.
Please check the appropriate box	: Please check	the appropriate box:
Support Oppose Neither Support Nor	Available	speak ish to speak e to answer questions
At this meeting are you representing (If you answered "no," STOP ; you of who you represent and go on to	ng an organization or a person other than yourself in need not complete the rest of this form. If you a the next question)	: Yes No Inswered "yes," provide the name
_	ber of each person or organization you are represented by the first of the second seco	enting:
Are you being paid for your repres	entation?	Yes No
Are you appearing as part of your of (If you answered "no," STOP; you question)	other paid duties for this person or organization? u need not complete the rest of this form. If you d	Yes No answered "yes," go on to the next
Information	ring (Common Council) 5 minutes n Hearing 3 minutes s 3 minutes	

		elected official amental body?	or employee who	is appearing s	solely on bel	alf of your of	fice or for your	municipality or No	
		,	he question, STO "no" to the question			•	form, except the	at you must sign	
If you that:	are bo	eing paid for y	our representation	n, or if your a	ppearance i	s part of other	paid duties, pl	ease be advised	
	1.7	Before you with the Cit	engage in lobbyin y Clerk	g as a lobbyis	t, you or yo	ur principal m	ust file an autho	orization	
	2	Your princi City Clerk	pal is not permitte	ed to authorize	e you to lob	by unless you	are registered	with the	
	3	period (half	cipal spends or wi year), the princi f the calendar yea	pal must file					
			erk's website <u>ww.</u> ty Building, Madi				or go to the C	lerk's Office at	
Date _			Sign	ature					
		٠.	Prin	t Name	N				_

Date: 9/18/2007

Registra	tion Statement -	Common Co	ouncil		
_		COMMITTEE			
Please Print	- 6		i e		•
	05739	PLEASE	PRINT NAM	E CLEARLY	
		Name	LEDE	16 71	IERS
Agenda No.	14		610 A)	CAKROL	7 87
Agenda No.		Address _	31010	THEROL	
		_			
_					• . •
Please check the ap	propriate box:	in the second se	Please	check the approp	riate box:
Support	1			h to speak	
Oppose		AND		not wish to speak	.•
	upport Nor Oppos	e	Ava	ilable to answer q	uestions
				urself: XYe	
At this meeting are y	you representing an orga o, " STOP; you need no	inization or a person	n other than you	/	L
	o, SIOF; you need no t and go on to the next t		oj iius jorin. 19.,	you answered ye	s, provide the name
		•			
Name, address and t	elephone number of eac				
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Are you being paid	for your representation?			☐ Ye	s Lando
Are you appearing a	s part of your other paid	duties for this pers	on or organiza	tion? Ye	es No
(If you answered "n	o," STOP; you need no	ot complete the rest	of this form. If	you answered "y	<u> </u>
question)					
Speaking Limits:	Public Hearing (Cor	nmon Council) - 5	i minutes		
Speaking Limits.	Information Hearing				
	Other Items		minutag		

		lected official or employee wnental body?	ho is appearing s	olely on behalf o	f your office or for yo Yes	ur municipality or No
(If yoı this fo	u answei orm. If ye	red "yes" to the question, SI ou answered "no" to the que	TOP. You need no stion, go on to the	ot complete the re e next question)	st of this form, except	that you must sign
If you that:	are bei	ing paid for your representat	tion, or if your a	ppearance is part	of other paid duties,	please be advised
3	1	Before you engage in lobb with the City Clerk	ying as a lobbyis	t, you or your prii	ncipal must file an aut	horization
	2.	Your principal is not perm City Clerk	nitted to authorize	you to lobby un	less you are registere	d with the
	3.	If your principal spends or period (half year), the principal remainder of the calendar y	ncipal must file			
		o the City Clerk's website the City-County Building, Mc			ex.html or go to the	Clerk's Office at
			torio di Granda			
Date _		S	ignature		· · · · · · · · · · · · · · · · · · ·	
		P	rint Name			

	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print 05739	PLEASE PRINT NAME CLEARLY
Agenda No	Name Dim & MODELLA Address DISIBULUE 5/- #
Please check the appropriate box:	Please check the appropriate box:
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	person or organization you are representing:
301100	entalmonal issues
Committee	
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
1 0	mon Council) 5 minutes 3 minutes

Are you an elected official or employee who is appearing solely on behalf of yother governmental body?	your office or for your municipality or Yes No
(If you answered "yes" to the question, STOP. You need not complete the rest this form. If you answered "no" to the question, go on to the next question.)	of this form, except that you must sign
If you are being paid for your representation, or if your appearance is part of that:	f other paid duties, please be advised
Before you engage in lobbying as a lobbyist, you or your princ with the City Clerk.	ipal must file an authorization
2 Your principal is not permitted to authorize you to lobby unle City Clerk	ess you are registered with the
3. If your principal spends or will owe more than \$1,000 for lobb period (half year), the principal must file expense statement remainder of the calendar year?	
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.</u> Room 103 of the City-County Building, Madison, for more information.)	.html or go to the Clerk's Office at
Date $\Omega(\Omega)$ Signature Ω	Molowlie
Print Name And	neconvile

Date: 9/18/07

Registrati	on Statement -	Common Cour	ncil	
		COMMITTEE		
Please Print				
Ficase Time	05739	PLEASE PR	INT NAME CLEARLY	
			그렇게 하면 집에 가는 하는 이 물리가 되고 않는 수 있는 것은 사람들이 하는데 하게 되었다. 그리는 없다.	
		Name K1	ichard L. Brown	
Agenda No.		Address	11 11. Ham ItAN St #16	20 1
			100 100 5 7/13	
		$-\mu$	VICKAGON, VVI)) 102	
Please check the app	ropriate box:		Please check the appropriate box:	
			Wish to speak	
Support		AND	Do not wish to speak	
Oppose			Available to answer questions	
Neither Su	pport Nor Oppos	l e		
At this meeting are vo	u representing an orga	anization or a person oth	her than yourself: Yes Tho	
If you answered "no.	"STOP: you need no	t complete the rest of th	his form If you answered "yes," provide the no	ате
	and go on to the next o			
Name, address and tel	lephone number of eac	ch person or organization	on you are representing:	
				<u> </u>
Are you being paid to	or your representation?		Yes No	
Are you appearing as	part of your other paid	d duties for this person o	or organization? Yes No	
If you appearing as	"STOP: vou need no	ot complete the rest of th	his form If you answered "yes," go on to the	next
question)				
Speaking Limits:		nmon Council) 5 min		
	and the first of the control of the	g		
	Other Items	3 mi	nutes	

	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.)
If you are be that:	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
	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?
	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: Sop 1807

Registrat	ion Statement -	Common Council
		COMMITTEE
Please Print	05739	PLEASE PRINT NAME CLEARLY
Agenda No		Name Will Sandstrum Address 2621 Maland Str
Please check the ap	propriate box:	Please check the appropriate box:
Support Oppose Neither Su	apport Nor Oppos	AND Wish to speak Do not wish to speak Available to answer questions
(If you answered "no of who you represent	o," STOP; you need not and go on to the next q	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion) h person or organization you are representing:
Are you being paid for	or your representation?	☐ Yes 📉 No
Are you appearing as (If you answered "no question)	s part of your other paid o, " STOP; you need no	duties for this person or organization? Yes X No to complete the rest of this form. If you answered "yes," go on to the next.
Speaking Limits:	Public Hearing (Com Information Hearing	amon 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
	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 be that:	eing 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?
5	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-/8-07

Registration Statement	Common Council
	COMMITTEE
Please Print -139	
Please Print 05739	PLEASE PRINT NAME CLEARLY)
#11/	Name & Man Johnty
Agenda No.	Address 2/D Marinettl M.
Please check the appropriate box:	Please check the appropriate box:
Support	Wish to speak
Oppose	AND 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 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:
$\mathcal{M}_{M}}}}}}}}}}$	2
11/20/20	Clark
-6/5 C. Wall	- CAM.
Are you being paid for your representation?	Yes L No
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)	
Speaking Limits: Public Hearing (Com	mon Council) 5 minutes
Information Hearing	3 minutes
Other Items	3 minutes

	Date: $\frac{9/18/6^{-1}}{}$
	CITY OF MADISON
Registration Statement -	Common Council
Please Print 05 739	PLEASE PRINT NAME CLEARLY
Agenda No.	Name Sandry TorKildson Address 1214 Elizabeth Madison WI 53703
Please check the appropriate box:	Please check the appropriate box:
Support Oppose Neither Support Nor Oppos	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 no of who you represent and go on to the next of	t complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of eac	th person or organization you are representing:

(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next

Yes

Yes

Are you being paid for your representation?

question.)

Speaking Limits:

Are you appearing as part of your other paid duties for this person or organization?

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?
(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question)
If you are being paid for your representation, or if your appearance is part of other paid duties, please be advised that:
1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk.
Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk
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?
(Please go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information)
Date Signature Print Name

Date: 7/18/07

Registration S	Statement - Common	Council
Please Print	200	SE PRINT NAME CLEARLY
Agenda No. 14	Name Address	Dale Burke 3024 Stamford Place Mad WI 53711
Please check the appropri	ate box:	Please check the appropriate box:
Support Oppose Neither Support	AND t Nor Oppose	☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
At this meeting are you reprofession of who you represent and go		son other than yourself: LYes No st of this form. If you answered "yes," provide the name
Name, address and telephor	ne number of each person or orga	nization you are representing:
UW Madison		
500 Lincoln	DR	
Madisan C		
Are you being paid for you	representation?	☐ Yes ☑ 秋o
Are you appearing as part o (If you answered "no," ST question)	f your other paid duties for this p OP; you need not complete the re	person or organization? [1] Yes [] No est of this form If you answered "yes," go on to the next
Info	lic Hearing (Common Council) rmation Hearing	

the second of the second of the second of	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, 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 t that:	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: 9-18-07

Registrat	ion Statement	Common C	
Please Print Agenda No. 14	05739	PLEASI	EPRINT NAME CLEARLY Mary Carbine GIS East Washington Ave Mrdison, WI 53703
Please check the ap	propriate box:		Please check the appropriate box:
Support Oppose Neither Si	ipport Nor Oppos	AND e	Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
(If you answered "no	ou representing an orga o," STOP; you need not and go on to the next q	t complete the resi	on other than yourself: Yes No t of this form If you answered "yes," provide the name
The first of the contract of the first of the contract of the			ization you are representing: (とよの)
γ	Madison Cen	tral Bu	sines Improvement Distir
6	ols East	Wasi	hing tan Ave
	Madison,	WI	hing for Ave 53703
Are you being paid f	or your representation?		☐ Yes X No
Are you appearing as (If you answered "no question)	s part of your other paid o," STOP; you need no	duties for this per t complete the res	rson or organization? XYes No st of this form If you answered "yes," go on to the next
Speaking Limits:	Public Hearing (Com Information Hearing Other Items	A STANTANIA A A A A A A A A A A A A A A A A A A	

Are you an elected official or emplother governmental body?	oyee who is appearing solely on behalf of your office or for your municipality or Yes No		
	ion, STOP. You need not complete the rest of this form, except that you must sign he question, go on to the next question)		
If you are being paid for your repathat:	esentation, or if your appearance is part of other paid duties, please be advised		
Before you engage with the City Clerk.	n lobbying as a lobbyist, you or your principal must file an authorization		
2 Your principal is no City Clerk.	Your principal is not permitted to authorize you to lobby unless you are registered with the City Clerk.		
period (half year),	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?		
	ebsite <u>www.cityofmadison.comfelerk/index.html</u> or go to the Clerk's Office at ng, Madison, for more information()		
Date 9-18-07	Signature Print Name Mary Carbona		

Date: 9/18/02

Registration Statement -	Common Council		
	COMMITTEE		
Please Print 05135	PLEASE PRINT NAME CLEARLY		
Agenda No	Name David Lapidus Address J+8 Lang don 47,		
Please check the appropriate box:	Please check the appropriate box:		
Support Oppose Neither Support Nor Oppos	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 no of who you represent and go on to the next of	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:		
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 no question)	d duties for this person or organization? Yes You not complete the rest of this form. If you answered "yes," go on to the	e next	
Information Hearing	mmon Council) 5 minutes 3 minutes 3 minutes		

	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.)
If you are be that:	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.	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?
	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 <u></u>	(8/67 Signature Jemy Lyailler
	Print Name Day of Chika C

	Date:
	CITY OF MADISON
Registration Statement -	Common Council COMMITTEE
Please Print 05731	
	PLEASE PRINT NAME CLEARLY
	Name Steven Lawrence
Agenda No.	Address 248 Lang Jon Street
	Madison, WI 53703
Please check the appropriate box:	Please check the appropriate box:
Support✓ OpposeNeither Support Nor Oppose	Wish to speak Do not wish to speak Available to answer questions
At this meeting are you representing an org (If you answered "no," STOP ; 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 ear	ch person or organization you are representing:

Yes

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

Are you being paid for your representation?

question.)

Speaking Limits:

Are you appearing as part of your other paid duties for this person or organization?

Public Hearing (Common Council) 5 minutes

Information Hearing 3 minutes
Other Items 3 minutes

.,	n elected official or emernmental body?	ployee who is appear	ing solely on beh	alf of your office o	or for your munic Yes No	· · · ·
	swered "yes" to the que If you answered "no" t				, except that you	must sign
If you are that:	being paid for your re	presentation, or if yo	our appearance is	part of other paid	l duties, please b	e advised
1	Before you engag with the City Cler	e in lobbying as a lob	byist, you or you	r principal must fi	le an authorization)n
2.	Your principal is City Clerk	not permitted to auth	orize you to lobb	y unless you are	registered with th	ne .
3		spends or will owe mo b, the principal must calendar year?	•	" -		-
	o to the City Clerk's of the City-County Bui				to the Clerk's	Office at
Date		Signature				
		Print Name				*

	CITY OF MADISON
Registration Statement	Common Council COMMITTEE
Please Print 03759	PLEASE PRINT NAME CLEARLY
14	Name SUCHITA SHAH
Agenda No.	Address 40 N ORCHARD ST WADISON, WI 53715
Please check the appropriate box:	Please check the appropriate box:
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	
UW- MADISON COL	LEGE DEMOCRATS
ASSOCIATED STUDENT	3 OF MADISON (ASM)
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? Yes No 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:

	u an elected official or employee who is appearing solely on behalf of your office or for your municipality or overnmental body? Yes No
	answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign m If you answered "no" to the question, go on to the next question)
If you that:	are being paid for your representation, or if your appearance is part of other paid duties, please be advised
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	go to the City Clerk's website <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at 03 of the City-County Building, Madison, for more information)
Date _	Signature Print Name