	CITY OF MADI	SON
Registration Statement	Common Co	uncil
Please Print	PLEASE I	PRINT NAME CLEARLY
	Name	KELLILAMBERM
Agenda No	Address	210 MLK BWO RM 104
#15285		MADISON, M 1 53704
Please check the appropriate box:		Please check the appropriate box:
Support [AND	Wish to speak
Oppose Neither Support Nor Oppose		☐ 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 Name, address and telephone number of each MASEA—	t complete the rest of uestion)	this form. If you answered "yes," provide the name
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)		n or organization? Yes No f this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Com Information Hearing Other Items		minutes

Date: 10% 09

		ected official or emplo nental body?	oyee who is appear	Ing solely on behalf of your office or for your municipality or Yes No
		red "yes" to the quest ou answered "no" to t		ed not complete the rest of this form, except that you must sign to the next question.)
If you that:	are bei	ng paid for your repr	esentation, or if yo	our appearance is part of other paid duties, please be advised
	1	Before you engage i with the City Clerk	n lobbying as a lob	obyist, you or your principal must file an authorization
	2	Your principal is no City Clerk	ot permitted to auth	norize you to lobby unless you are registered with the
	3		the principal must	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
		o the City Clerk's w the City-County Build		nadison.com/clerk/index.html or go to the Clerk's Office at nore information)
Date _	10.6	.09	Signature	Lelli Hamlety
			Print Name	KELLI LAMBERTY

Date: 6 October 200

CITY OF MADISON

Registration Statement -	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
$\Delta \cap$	Name TIM SOBOTA
Agenda No.	Address 4901 SHERWOOD ROAD
#15285	MADISON WI 53711
Please check the appropriate boxes:	
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:
Are you being paid for your representation?	☐ Yes ☐ No
Are you appearing as part of your other paid	
	nmon Council) 5 minutes 3 minutes

		Print Name			
Date		Signature			
Room 103 oj	f the City-County Building, M	adison, for more	information.)		
(Please go	to the City Clerk's website	www.cityofmad	ison.com/clerk/index.htt	<u>nl</u> or go to the (Clerk's Office at
3,	If your principal spends of period (half year), the principal remainder of the calendar	incipal must fil	· · · · · · · · · · · · · · · · · · ·	_	
2	Your principal is not perr City Clerk.	nitted to authori	ze you to lobby unless	you are registered	with the
1.	Before you engage in lobl with the City Clerk	oying as a lobby	ist, you or your principa	ıl must file an auth	orization
If you are b that:	eing paid for your representa	tion, or if your	appearance is part of o	ther paid duties, p	lease be advised
	ered "yes" to the question, S you answered "no" to the qu			this form, except th	hat you must sign
	elected official or employee v mental body?	vho is appearing	solely on behalf of you	r office or for you ☐ Yes	r municipality or ☐ No

Date: 10-6-09

CITY OF MADISON

Registration Statement	Common Council
	COMMITTEE
Please Print	PLEASE PRINT NAME CLEARLY
$Q_{\mathcal{D}}$	Name Lorri Worder ?
Agenda No. 70	Address 6668 W. Thomasple Dr.
#15285	Janesvollo UE 53548
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 questions.	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

Are you an el other governr	lected official or employee who is appearing solely on be mental body?	half of your office or for your municipality or Yes No
	red "yes" to the question, STOP. You need not complete ou answered "no" to the question, go on to the next quest	
If you are be that:	ing paid for your representation, or if your appearance i	s part of other paid duties, please be advised
1.	Before you engage in lobbying as a lobbyist, you or yo with the City Clerk	our principal must file an authorization
2	Your principal is not permitted to authorize you to lob City Clerk	oby unless you are registered with the
3	If your principal spends or will owe more than \$1,000 period (half year), the principal must file expense st remainder of the calendar year?	
	o the City Clerk's website <u>www.cityofmadison.com/cler</u> the City-County Building, Madison, for more information	
Date	Signature	
	Print Name	

Date: 10-6-2009

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print	PLEASE PRINT NAME CLEARLY
Agenda No. 90 15285	Name Deborah A. Lilley Address S861 Persimman Or Mudison, WI 57711
Please check the appropriate box	Please check the appropriate box:
Support Oppose Neither Support Nor	AND Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," STOP ; yo of who you represent and go on to	ng an organization or a person other than yourself: Yes wo uneed not complete the rest of this form. If you answered "yes," provide the name the next question.) ber of each person or organization you are representing:
Are you being paid for your representation Are you appearing as part of your (If you answered "no," STOP; you question)	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 next
Information	on Hearing (Common Council) 5 minutes 3 minutes 3 minutes

(SEE BACK)

	•	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 yo that:	u are be	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?
		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: 10/6/2009

CITY OF MADISON

Early Public Comment Registration Statement - Common Council

This form is to be used ONLY by persons with health, scheduling, or child-care needs at the Common Council Meeting.

Please Print Agenda No. 90 #1528	Name S	Anniversary Ct adison, WI 53704	
Please check the appropria	te box:	Please check the appropriate box:	
Support Oppose Neither Support	AND Nor Oppose	Wish to speak Do not wish to speak Available to answer questions	
(If you answered "no," STO , of who you represent and go		form If you answered "yes," provide the	name
Are you being paid for your r	epresentation?	☐ Yes 📈 No	
	your other paid duties for this person or or the person or of this person of this	organization? Yes No No form If you answered "yes," go on to the	? next
Inform	c Hearing (Common Council) 5 minut nation Hearing 3 minut Items 3 minut	tes	

(SEE BACK)

	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?		
	wered "yes" to the question, STOP . 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)		
If you are 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?		
	o 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		
	Print Name		