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Date: _______

Registration Statement	HOUSING COMMITTEE
regiosadion otatomont	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Name Address 702 WXigh Pointed Madison WI
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 organical (If you answered "no," STOP; you need not of who you represent and go on to the next que	complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of each Apartment Association	person or organization you are representing: of South Outland WI
702 North High Powl Rd	, 0
Madison, WI	
Are you being paid for your representation?	☐ Yes ☐No
Are you appearing as part of your other paid d (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? 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 that:	are b	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 f the City-County Building, Madison, for more information.)
Date _	7	7/10 Signature Mucy Stush Print Name Maucy Tensen

Date:	9/7/10	

Registration	on Statement	HOUSING COMMITTEE	
		COMMITTEE	
Diama D'			
Please Print		PLEASE PRINT CLEARLY	
1/0/	ムラ l	Name PAUL EVANS	
Agenda No. 166	0 -	Address 615 BALCOCK Df.	
		• ,	
		JOTES IN 160210AM	
Please check the appro	nrioto hovos:	en kan di kanan di K Kanan di Kanan di Ka	
r lease check the appro	priate doxes.		
Support		and Wish to speak	
Oppose		Do not wish to speak	
	port Nor Oppose	Available to answer questions	
	portitor oppose		
At this meeting are you	representing an organi	nization or a person other than yourself: Yes No	
(If you answered "no,"	' STOP; you need not c	complete the rest of this form. If you answered "yes," provide the nar	пе
of who you represent a	nd go on to the next qu	uestion.)	
Name address and tale	nhone number of each	n person or organization you are representing:	
and tele		r person of organization you are representing:	
UW- Madis	() AND		
Unwesity!	Housing Co		
ONWORKE	(JOSE IN T		
Are you being paid for	your representation?	☐ Yes 🛣 No	
,	<i>y</i>		
		duties for this person or organization? Yes No	
	'STOP; you need not c	complete the rest of this form. If you answered "yes," go on to the ne	ext
question.)	•		
Speaking Limits:	Public Hearing (Comm	mon Council) 5 minutes	
		3 minutes	
	O.1 T.	2 minutos	

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Are you an elother governm	ected official or employ nental body?	ee who is appearing	solely on behalf of y	your office or for yo Yes	our municipality or No
	red "yes" to the question ou answered "no" to the			of this form, except	that you must sign
If you are bei that:	ing paid for your repres	entation, or if your	appearance is part o	f other paid duties,	please be advised
1.	Before you engage in with the City Clerk.	lobbying as a lobby	rist, you or your princ	ipal must file an au	thorization
2.	Your principal is not City Clerk.	AREA DE TOURS AND AND LEAST AND AREA OF A	ize you to lobby unle	ess you are registere	ed with the
3.	If your principal spend period (half year), the remainder of the calen	e principal must fi			
	o the City Clerk's web the City-County Building	A STATE OF A STATE OF THE STATE		<u>.html</u> or go to the	Clerk's Office at
Date	7/10	Signature Print Name	Jan 10/2 Paul Evas		
		Pfini Name			$\frac{\lambda}{\int_{0}^{t} f(x) f(x)} \frac{f(x) + \frac{\lambda}{2} f(x)}{\int_{0}^{t} f(x) f(x)} \frac{f(x)}{\int_{0}^{t} f(x)} f(x)$

Date:	71	7	10	
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Registration Statement	HOUSING COMMITTEE
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Please Print	
	PLEASE PRINT CLEARLY
	Name Sachel Barin
Agenda No.	Address
	1 Kddross
Please check the appropriate boxes:	
Cuppout	and Wish to speak
Support Oppose	Do not wish to speak
Neither Support Nor Oppo	Available to answer questions
At this meeting are you representing an orgalization (If you answered "no," STOP; you need no f who you represent and go on to the next	not complete the rest of this form. If you answered "yes," provide the name
Name, address and telephone number of ea	ach person or organization you are representing:
Are you being paid for your representation	? Yes No
Are you appearing as part of your other part (If you answered "no," STOP; you need n question.)	id duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," so on to the next
	g3 minutes

-		lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
1 0 2		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 the City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date: <u>7</u>

Date:	7/	7	110

Registration Statemer	it - HOUSING COMMITTEE
	COMMITTEE
Please Print	
2.0000	PLEASE PRINT CLEARLY
	Name Dan Society Address (OOU Willow Broch TM.
Agenda No.	- Address (OOU WOW Book Tol.
	Sun Praine, WI 53950
Please check the appropriate boxes:	
☐ Support☑ Oppose☐ Neither Support Nor Op	and Wish to speak Do not wish to speak Available to answer questions
(If you answered "no," STOP; you need of who you represent and go on to the n	
Name, address and telephone number of	f each person or organization you are representing:
Are you being paid for your representati	ion? Yes No
	paid duties for this person or organization? Yes No not complete the rest of this form. If you answered "yes," go on to the next
Information Hea	Common Council)5 minutes ring

	elected official or employee who is appearing solely on behalf of your office or for your municipality or nmental body?
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Date	Signature
	Print Name

Date: 07.07.10

Registration Statement	HOUSING COMMITTEE
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Margaret Watson
Agenda No# 6	Address 6743 Rolling OAKS
	Name Margaret Watson Address 4743 Rolling OAKS Verona, WI 53593
Please check the appropriate boxes:	
Support Oppose	and Wish to speak Do not wish to speak
Neither Support Nor Oppose	e 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 quality of the your representation of the next quality of the your representation of the your representati	t complete the rest of this form. If you answered "yes," provide the nar
Name, address and telephone number of each	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 not question.)	duties for this person or organization? Yes No to the new Yes," go on to the new Yes, "go on to the new Yes," go on to the new Yes," go on to the new Yes, "go on to the new Yes," go on to the new Yes," go on to the new Yes, "go on to the new Yes," go on to the new Yes," go on to the new Yes, "go on to the new Yes," go on to the new Yes," go on to the new Yes," go on to the new Yes, "go on to the new Yes," go on to the new Yes," go on to the new Yes, "go on to the new Yes," go on to the new Yes, "go on to the new Yes," go on to the new Yes, "go on to the new Yes," go on to the new Yes, "go on to the new Yes," go on to the new Yes, "go on to the new Yes," go on to the new Yes, "go on to the new Yes," go on to the new Yes, "go on to the new Yes," go on to the new Yes, "go on to the new Yes," go on to the new Yes, "go on the new Yes," go on to the new Yes, "go on to the new Yes," go on to the new Yes, "go on to the new Yes," go on the new Yes, "go on the new Yes," go on the new Yes, "go on the new Yes," go on the new Yes, "go on the new Yes," go on the new Yes, "go on the
Information Hearing.	nmon Council)5 minutes

-		lected official or employee who is appearing solely on behalf of your office or for your municipality or mental body? Yes No
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Date _		Signature
		Print Name