Date: 14/11

Registration Statement	HOUSING COMMITTEE
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Herdi Wegler For St. Address 1941 E. Dayton St.
Agenda No	Address 1941 E. Dayton St.
	Madison, W/ 5370/
Please check the appropriate boxes:	
SupportOpposeNeither 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 que Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name uestion.)
rvame, address and telephone number of each	person of organization you are representing:
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
Information Hearing	mon Council)5 minutes3 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
	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: 5/4/1/

Registration Statement -	HOUSING COMMITTEE
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
	Name Brunda K Kuli
Agenda No. MIWW U 74	Address 30 N Hencock St
(0	Madison WI
Please check the appropriate boxes:	33705
Support	and Wish to speak
OpposeNeither Support Nor Oppose	☐ 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:
Topat Reson	ne Conter
	uson St Suite A
Madison WI	5370)
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
Information Hearing	mon Council)5 minutes 3 minutes 3 minutes

_		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 that:	are be	ing paid for your representation, or if your appearance is part of other paid duties, please be advised
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	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	5	14/11 Signature Breds & Vends

Print Name

	Date:	
	CITY OF MADISON	
Registration Statement	HOUSING COMMITTEE	
	COMMITTEE	
Please Print	PLEASE PRINT CLEARLY	
	Name Modifikackar	
Agenda No. Leasha Leasla 4101	Address 45 North Randall	
	T (()	
Please check the appropriate boxes:		
Support	and Wish to speak	
OpposeNeither Support Nor Oppose	☐ 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	a 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 minutes3 minutes3 minutes	

 (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: 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? 			ected official or employee who is appearing solely on behalf of your office or for your municipality or nental body?
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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		1.	TO THE SECOND OF THE SECOND SE
period (half year), the principal must file expense statements with the City Clerk for the		2.	
		3.	period (half year), the principal must file expense statements with the City Clerk for the
(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	Date _	····	Signature
Print Name			Print Name

		CITY OF MA	DISON		
Registr	ation Statement -	•	HOUSING COMMIT	'TEE	
	_	COMMITTEE			
Please Print					
			PRINT CLEARLY		
		Name	Scott Mca	oohan	·
Agenda No		Address	777 Un.ve	vr. y Ave	#1431
•			Scott Mca 177 Un.ve Madison,	WI 53	245
Please check the a	ppropriate boxes:				
SupportOpposeNeither	Support Nor Oppos	e	and Wish to s Do not w Available	peak ish to speak to answer questi	ons
(If you answered ' of who you represe	e you representing an orga 'no," STOP; you need not ent and go on to the next q I telephone number of each	complete the rest uestion.)	of this form. If you a	nswered "yes," p	No rovide the name
•					
					:
Are you being paid	d for your representation?			Yes	☑ No
	as part of your other paid 'no," STOP; you need not			☐ Yes inswered "yes," g	DoNo to on to the next
Speaking Limits:	Public Hearing (Com Information Hearing. Other Items		3 minutes	·	

Date: _____

Are you an elected official or employed other governmental body?	ee who is appearing solely	on behalf of your office or for your municipality or Yes No
(If you answered "yes" to the question this form. If you answered "no" to the		nplete the rest of this form, except that you must sign t question.)
If you are being paid for your representat:	entation, or if your appear	rance is part of other paid duties, please be advised
Before you engage in l with the City Clerk.	lobbying as a lobbyist, you	u or your principal must file an authorization
Your principal is not p City Clerk.	permitted to authorize you	to lobby unless you are registered with the
	e principal must file expe	S1,000 for lobbying services in any reporting ense statements with the City Clerk for the
(Please go to the City Clerk's webs Room 103 of the City-County Building		om/clerk/index.html or go to the Clerk's Office at nation.)
Date	Signature	
	Print Name	

Date: 5/4/11

Registration Statement -	HOUSING COMMITTEE
	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name Sam Polstein
Agenda No.	Address 925 Fahrenbrook Ct. #233 Madison, WI 53715
	Madison, WI 53715
Please check the appropriate boxes: Support Oppose	and Wish to speak Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
of who you represent and go on to the next q	complete the rest of this form. If you answered "yes," provide the name uestion.) 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

	물리의 그리를 다리 교원은 그리고 하는 다른 사람들을 가장하는 것이다.	
Are you an ele other governme		ng solely on behalf of your office or for your municipality or Yes No
	ed "yes" to the question, STOP. You nee u answered "no" to the question, go on t	ed not complete the rest of this form, except that you must sign to the next question.)
If you are beir that:	ng paid for your representation, or if yo	ur appearance is part of other paid duties, please be advised
1.	Before you engage in lobbying as a lob with the City Clerk.	byist, you or your principal must file an authorization
2.	Your principal is not permitted to auth City Clerk.	orize you to lobby unless you are registered with the
3.	그는 그렇게 하는 것이 되었다. 그는 그들은 그들은 그들은 그들은 그들은 그를 받는데 그를 받는데 되었다.	ore than \$1,000 for lobbying services in any reporting file expense statements with the City Clerk for the
	the City Clerk's website <u>www.cityofm</u> he City-County Building, Madison, for mo	<u>adison.com/clerk/index.html</u> or go to the Clerk's Office at ore information.)
Date <u>5/4</u>	Signature Print Name	San Polisten

	Date:
	CITY OF MADISON
Registration Statement -	HOUSING COMMITTEE
regiossation otatoment	COMMITTEE
Please Print	
	PLEASE PRINT CLEARLY
	Name (Aachel Govin
Agenda No.	Address
Please check the appropriate boxes:	
☐ Support	and Wish to speak
Oppose	Do not wish to speak Available to answer questions
Neither Support Nor Oppos	e ————————————————————————————————————
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 (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	amon Council)5 minutes

	n elected official or employee who is appearing solely on behalf of your office or for your municipality or rnmental body? Yes No
	wered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign If 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.
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	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 .

Date: 5-4-11

Registration Statement -	HOUSING $COMMITTEE$
3	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name Plussa Hellenbrand-Best Address SOF Bridlewood Lane Walesown, WI 53094
Please check the appropriate boxes: Support Oppose Neither Support Nor Oppos	and Wish to speak Do not wish to speak Available to answer questions
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
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.)	duties for this person or organization? Yes No to complete the rest of this form. If you answered "yes," go on to the next
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? 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 that:	are be	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 fithe City-County Building, Madison, for more information.)
Date		Signature
		Print Name

Date:	5	` , '(4.	//	

Registration Statem	nent - HOUSING COMMITTEE
g	COMMITTEE
DI D	
Please Print	PLEASE PRINT CLEARLY
	Name Margaret Water
Agenda No(Address 10793 Kolling OPKS
	- USONA , WIL
Please check the appropriate boxes:	
C Commont	and Wish to speak
Support	Do not wish to speak
Oppose Noither Support Nor	Available to answer questions
Neither Support Nor	Oppose
At this meeting are you representing	g an organization or a person other than yourself: Yes No
	need not complete the rest of this form. If you answered "yes," provide the name
of who you represent and go on to t	he next question.)
Name address and talanhana numb	er of each person or organization you are representing:
rvame, address and terephone numb	er of each person of organization you are representing.
Are you being paid for your represe	ntation? Yes No
	ther 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 next
	ng (Common Council)5 minutes
	Hearing

		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 that:	ı are bei	ing 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 Clerk's Office at the Clerk's Madison, for more information.)
Date	_5	Signature A Print Name

Date: 5/	41	111	
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Registration Statement -	HOUSING COMMITTEE
	COMMITTEE
Please Print	
1 lease 11mt	PLEASE PRINT CLEARLY
	Name Dan Seeley
Agenda No.	
	Address 604 Willow Brook Trl. Sun Prairie, WI 53590
Please check the appropriate boxes:	
Support	and Wish to speak
Oppose	Do not wish to speakAvailable to answer questions
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
Name, address and telephone number of each	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
	non Council)5 minutes

-		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: \$ /4/11

Registration Statement -	HOUSING COMMITTEE
	COMMITTEE
Please Print	
i icase i iiii	PLEASE PRINT CLEARLY
	Name Sarah Hart
Agenda No.	Address 316 Claime Street
	Name Sarah Hart Address 716 Claine Street Deer Field, M 53531
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppo	and Wish to speak Do not wish to speak Available to answer questions
of who you represent and go on to the next	ot complete the rest of this form. If you answered "yes," provide the name question.)
Name, address and telephone number of ea	ch 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 No No to complete the rest of this form. If you answered "yes," go on to the next
Information Hearing	mmon Council)5 minutes g3 minutes 3 minutes

Are you an el other governn	lected 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.)
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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

	CITY OF MADISON
Registration Statement	HOUSING COMMITTEE
	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No	Name Jacky Skylvvim Address III 13 Prairie Rd Madison W1 53711
Please check the appropriate boxes:	
Support Oppose Neither Support Nor Oppose 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 uestion.)
Name, address and telephone number of each	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 minutes3 minutes

Date: _____

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 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

	CITY OF MADISON
Registration Statement	HOUSING COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No.	Address MADISON, WIT S3715
Please check the appropriate boxes:	
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 que Name, address and telephone number of each	nization or a person other than yourself: Yes No complete the rest of this form. If you answered "yes," provide the name uestion.)
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
Information Hearing	mon Council)5 minutes 3 minutes 3 minutes

Date: ____

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:	ing 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 Clerk's Office at the Clerk's office at the City-County Building, Madison, for more information.)	
Date	Signature	
	Print Name	

Date: 5 4/1/

Registration Statement	HOUSING $COMMITTEE$
123glossation Statement _	COMMITTEE
Please Print	
i icase i iiii	PLEASE PRINT CLEARLY
	Name Bill Winte
Agenda No	Address 2708 Lakeland Are
	Madison
Please check the appropriate boxes:	
☐ Support	and Wish to speak
∀ Oppose	Do not wish to speak
Neither Support Nor Oppose	Available to answer questions
of who you represent and go on to the next que Name, address and telephone number of each	complete the rest of this form. If you answered "yes," provide the name uestion.) I person or organization you are representing: ASSN GSC Wis 826 - 6230
	826-6230
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

Are you an elected official or employed other governmental body?	ee who is appearing solely on behalf of your office or for your municipality or ☐ Yes 년 No
(If you answered "yes" to the question this form. If you answered "no" to the	n, STOP. You need not complete the rest of this form, except that you must sign question, go on to the next question.)
If you are being paid for your represe that:	entation, or if your appearance is part of other paid duties, please be advised
1. Before you engage in l with the City Clerk.	lobbying as a lobbyist, you or your principal must file an authorization
 Your principal is not p City Clerk. 	permitted to authorize you to lobby unless you are registered with the
	ds or will owe more than \$1,000 for lobbying services in any reporting e principal must file expense statements with the City Clerk for the dar year?
(Please go to the City Clerk's webs Room 103 of the City-County Building	site <u>www.cityofmadison.com/clerk/index.html</u> or go to the Clerk's Office at , Madison, for more information.)
Date 5 4 1	Signature Signature
	Print Name Wm F. White

	CITY OF MADISON
Registration Statement -	HOUSING COMMITTEE
_	COMMITTEE
Please Print	PLEASE PRINT CLEARLY
Agenda No6	Name Hannah Somers
	Address 821 W. Johnson St.
	Madison, UI 53706
Please check the appropriate boxes: Support 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 que	ization or a person other than yourself: \(\overline{\mathbb{X}}\) Yes \(\overline{\mathbb{D}}\) No 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:
Associated Students of M	Nadison

Date: 5/4/11

No No

Yes

Yes

.

Speaking Limits:

question.)

Public Hearing (Common Council) 5 minutes Information Hearing 3 minutes Other Items 3 minutes

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

(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?

Are you an elother governm	ected official or employee who is appearing solely on behalf of your office or for your municipality or lental 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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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 he City-County Building, Madison, for more information.)	
Date <u>514</u>	10 Signature Hannah Jones Print Name Hannah Somers	
	Print Name Hannah Somers	