

X

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name TOM SOLYST  
Address 1917 LAKE POINT DRIVE  
MADISON, WI

Date 12/01/2010  
Item \_\_\_\_\_

Support  Oppose

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:  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.)*

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 duties for this person or organization?  Yes  No  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)*

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No  
*(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 questions.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name Juan Carlos Reyes  
Address 1917 Lake Point Dr  
Madison, WI

Date 12/01/2010  
Item \_\_\_\_\_

Support  Oppose

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:  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.)*

Name, address and telephone number of each person or organization you are representing:  
Bridge Lake Point Neighborhood Center  
1917 Lake Point Dr. Madison

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)*  Yes  No

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No  
*(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 questions.)*

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  2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
  3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date 12/01/2010 Signature [Signature]  
Print Name Juan Carlos Reyes

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name Baptazar de Anda  
Address \_\_\_\_\_

Date 12/01/2010  
Item \_\_\_\_\_

Support  Oppose

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:  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.)*

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 duties for this person or organization?  Yes  No  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)*

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

X

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name ~~Roger Hanson~~ Josh BARTZ  
Address 130 N. Butler St. Apt. 2F  
Madison, WI 53703

Date 12/1/10  
Item

Support  Oppose

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself?  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)  Yes  No

Name, address and telephone number of each person or organization you are representing:  
OutReach of Mad. Williamson, St - Madison, WI  
LGBT Center 608-266-8582

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  
If you answered "yes," turn over to the next question.)  Yes  No

Are you an elected official 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 questions.)  Yes  No

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 12/1/10

Signature Josh R Bartz  
Print Name JOSHUA R BARTZ

X

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name EILEEN MERSHART  
Address 333 W MIFFLIN ST #7100  
MADISON, WI 53703

Date 12/1/2010  
Item \_\_\_\_\_

Support  Oppose

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:  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.)*

Name, address and telephone number of each person or organization you are representing:

YWCA MADISON  
101 E. MIFFLIN ST

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)*

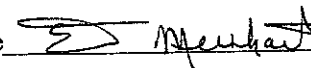
Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No  
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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date 12/1/10

Signature   
Print Name EILEEN MERSHART

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name Leslie Westerfelt  
Address 3101 Latham Dr  
Madison, WI 53713

Date 12/1/10  
Item \_\_\_\_\_

Support  Oppose

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:  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.)*

Name, address and telephone number of each person or organization you are representing:  
YWCA of Madison, 101 E. Mifflin St, Madison 53703 257-1436

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)*

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No  
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*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

X

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name De'Kendrea Stamps  
Address 1803 Conservation Place

Date 12/1/10  
Item \_\_\_\_\_

Support  Oppose

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:  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.)*

Name, address and telephone number of each person or organization you are representing:  
DWCA - Madison - 314-6888

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)*

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No  
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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date 12/1/10

Signature [Signature]  
Print Name De'Kendrea Stamps

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name Kent Craig  
Address 1105 Williamson St  
Madison WI 53703

Date 12-1-10  
Item General Support - Centro Hispano CMTS

Support  Oppose

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:  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.)*

Name, address and telephone number of each person or organization you are representing:

Centro Hispano  
810 V. Gardner Rd  
Madison WI 53713

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)*


Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No  
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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date 12-1-10

Signature   
Print Name Kenneth Craig



CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name Karen Dobson  
Address 600 Williamson

Date 12/1/12  
Item 20686

Support  Oppose

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:  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.)

Name, address and telephone number of each person or organization you are representing:

AIDS Network  
600 Williamson St  
Madison

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No  
(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 questions.)

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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 12/1/12

Signature [Handwritten Signature]  
Print Name Karen Dobson

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name Suzanne Gillingham  
Address 5713 Thrush Lane  
Madison, WI 53711

Date 12/1/10  
Item 20686

Support  Oppose

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:  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.)

Name, address and telephone number of each person or organization you are representing:  
AIDS Network  
600 Williamson St 608-252-6540  
MPA

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
(If you answered "yes" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No  
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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 12/1/10

Signature Suzanne R. Gillingham  
Print Name Suzanne R. Gillingham

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name Jennifer Allen  
Address 545 W. Dayton  
Madison, Wis

Date 12-01-10  
Item \_\_\_\_\_

Support  Oppose

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:  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.)*

Name, address and telephone number of each person or organization you are representing:  
Madison Metro School District  
545 West Dayton  
Madison, Wis  
608-663-1639

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)*

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No  
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2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date 12-01-10

Signature Jennifer M. Allen  
Print Name Jennifer M. Allen

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name Brenda Kordul  
Address 30 N Hancock W  
Madison WI 53703

Date 12/1/10  
Item 4

Support  Oppose

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)  Yes  No

Name, address and telephone number of each person or organization you are representing:  
Tenant Resource Center United For Funding  
1202 Williamson St Madison N/A  
608-257-0143

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  
If you answered "yes," turn over to the next question.)  Yes  No

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  
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If you answered "no" to the question, go on to the next questions.)  Yes  No

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- Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No
- Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
- If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 12/1/10

Signature Brenda K Kordul  
Print Name Brenda K Kordul

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name STEVE STARKEY  
Address 4809 BUCKEYE RD  
MADISON WI 53716

Date 12-1-2010  
Item \_\_\_\_\_

Support  Oppose

SUPPORT RESTORING FUNDING  
TO OUTREACH

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:  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.)

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 duties for this person or organization?  Yes  No  
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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name Corry Schultz  
Address 1318 Tompkins Dr #16  
Madison, WI 53714

Date 12-1-10  
Item Restore funding to 2010 levels

Support  Oppose

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:  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.)

Name, address and telephone number of each person or organization you are representing:

OutReach Inc.  
1000 Williamson St  
Madison, WI 53703

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form.  
If you answered "yes," turn over to the next question.)

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(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 12-01-2010

Signature Corry Schultz  
Print Name CORRY SCHULTZ

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name ROGER HANSEN  
Address 3948 BLAZING STAR RD  
DEERFIELD, VT 53531

Date 12/1/2010  
Item RESTORE FULL OUTREACH FUNDING

Support       Oppose  
RESTORING FULL FUNDING TO 2010  
LEVEL / THANK YOU

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself:  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.)*

Name, address and telephone number of each person or organization you are representing:  
OUTREACH INC  
600 WILLIAMSON A  
MADISON, VT

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
*(If you answered "no" to both these questions, STOP. You need not complete the rest of this form. If you answered "yes," turn over to the next question.)*

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No  
*(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 questions.)*

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk?  Yes  No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk?  Yes  No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year?  Yes  No

*(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)*

Date 12/1/2010

Signature Roger Hansen  
Print Name ROGER E. HANSEN

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name David Garzen  
Address 1318 Tompkins Dr #16  
Madison WI 53716

Date 1-21-10  
Item Restoring Full Funding  
to 2010 Levels

Support  Oppose

Wish to Speak  
 Do Not Wish to Speak  
 Available to Answer Questions

Please!

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

Name, address and telephone number of each person or organization you are representing:

Outreach Inc  
600 Williamson St  
Madison, WI 53703

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Date 2-1-10

Signature [Signature]

Print Name Paul M Garza