## **CITY OF MADISON**

Registration Statement	Common Co	ouncil
Please Print	PLEASE	PRINT NAME CLEARLY
12535 Agenda No. 46 Housing Diversity Comm	NameAddress	Phil Salkin
Please check the appropriate box:		Please check the appropriate box:
Support Oppose Neither Support Nor Oppose	AND	<ul><li>✓ Wish to speak</li><li>☐ Do not wish to speak</li><li>☐ Available to answer questions</li></ul>
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 o	other than yourself: Yes No  f this form If you answered "yes," provide the name
Name, address and telephone number of each	person or organiza	ntion you are representing:
REALTORS ASSOC	- of South	Central Wi
4801 Forest Ru	rd.	
Madison, Wi	•	
Are you being paid for your representation?		ĭ Yes ☐ No
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this perso complete the rest o	on or organization?   Yes No  of this form. If you answered "yes," go on to the next
Speaking Limits: Public Hearing (Communication Hearing Other Items		minutes

## **REGISTRATION STATEMENT - PAGE 2**

Are you an other govern	elected official or employee who is appearing solely on behalf of your office or for your municipality or mental body?  Yes No
(If you answ this form If	vered "yes" to the question, <b>STOP.</b> 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
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?
(Please go Room 103 oj	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	1/18/08 Signature Deleg Halken Print Name Phil Salkin

			Date:	11.18 09	
	CITY OF MAD	ISON			
Registration Statement	Common C	ouncil			
	COMMITTEE				
Please Print	PLEASE	PRINT NAME CLE	EARLY		
Agenda No. 46	Name	Carole Sh	NOTE		
	Address	282010	$\sim a \sim 1$	realis Co	
		OPPOR	1 1111	58575	
Please check the appropriate box:					
				Trate box:	
Support Oppose	AND	Wish to spe Do not wis			
Neither Support Nor Oppose		Available t		uestions o	
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," provide the name of who you represent and go on to the next question)					
Name, address and telephone number of each	n person or organiz	ation you are represen	ting:		
	ater Mods				
701 e washing	1	,			
Modista	6370	>			
midulsor, w	<u> </u>	<u> </u>	· · · · ·		
Are you being paid for your representation?			\(\sqrt{y}\)es	s 🔲 No	
Are you appearing as part of your other paid (If you answered "no," STOP; you need not question)	duties for this pers complete the rest	on or organization? of this form If you ans	Yewered "ye	No No s," go on to the next	
Speaking Limits: Public Hearing (Com- Information Hearing Other Items					

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Date//	Print Name / Carabo School Ref