

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name OSCAR MINELES  
Address 208 Madison  
DETROIT MI 48202

Date 11/9/11  
Item 2

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:  
Omega School  
835 W. Barger  
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  
(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 OSCAR MINELES

Print Name OSCAR MINELES

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name Mary Watrud  
Address 2716 Milwaukee St  
Madison, WI 53704

Date 11/9/2011  
Item 2

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:  
Construction Training Inc (START Program)  
810 West Bodger Road  
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?  
(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.)

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 11/9/11

Signature Mary Watrud  
Print Name Mary Watrud

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name DIANA Shumall  
Address 501 S. High Point Road

Date 11/9/14  
Item MADISON Apprenticeship Program #2

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.)*

Executive Director  
CARLA DAWKINS  
Darnell Mansfield  
Brandy McClelland

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 Baltazar De Arda  
Address \_\_\_\_\_

Date 11/9/11  
Item Latino Academy Program

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  
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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 11/9/11

Signature Baltazar De Arda

Print Name Baltazar De Arda

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name Becky Steinhoff  
Address 149 Waukesha St.

Date 11/9/11  
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:  
Goodman Community Center  
149 Waukesha St.  
Madison, WI 53724 608-241-1574

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

*we do not spend 5500 on lobbying*

(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 11/9/11 Signature Becky Steinhoff  
Print Name Becky Steinhoff

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name Sal Carranza  
Address 7833 Wood Reed Dr  
Madison, WI 53719

Date 11/9/11  
Item Latino Academy / Vern Court

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:

Latinos United for Change & Advancement (Lucha A)  
Latino Education Council of Dane County

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.)*

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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 County Building, Madison, for more information.)*

Date 11/9/11

Signature [Signature]  
Print Name Salvador Carranza

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name Jeff Burkhardt  
Address 1116 S Park St  
Madison WI 53715

Date 11/9/11  
Item Update on Employment 2

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:  
Literacy Network  
1116 S Park St  
Madison WI 53715

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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Date 11/9/11

Signature Jeff Burkhardt  
Print Name Jeff Burkhardt

CITY OF MADISON

Registration Statement

Community Services Committee  
Name of Board, Committee or Commission

Name Alissa Kenney  
Address 199 Kennedy Heights  
Madison, WI 53704

Date 11/9/11  
Item # 2

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:

Above

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 11/9/11

Signature [Handwritten Signature]  
Print Name Alissa Kenney