Date: 6/6/06

CITY OF MADISON

Registrati	on Statement -	Common Council
Please Print Agenda No. 122 Please check the appr	3151 copriate boxes:	PLEASE PRINT CLEARLY Name Maxine Okafo Address 213 Sunny Meode IN Madisan Wis 53713
Support Oppose Neither Su At this meeting are you (If you answered "no,	pport Nor Oppos	anization or a person other than yourself: Yes No t complete the rest of this form. If you answered "yes," provide the name
		th person or organization you are representing:
Are you being paid fo		☐ Yes ☐ No I duties for this person or organization? ☐ Yes ☐ No
	" STOP; you need no	t complete the rest of this form. If you answered "yes," go on to the next mon Council) 5 minutes 3 minutes

REGISTRATION STATEMENT - PAGE 2

Are you an eleother 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)
If you are being that:	ng 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?
	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: 6/6/06

CITY OF MADISON

Registration	n Statement - <u>C</u>	ommon Cou	uncil		
		MMITTEE			
Please Print (03151	PLEASE PRI	NT CLEARLY		
		Name <u>(</u>	3 ROAGR	PENM	
Agenda No. 12	7	Address 4	1634 BOA	PENN NYER CAY	YR
ELECTIONS ADV	ISORY COMMITTEE		MADISU	4, WF 53	70P
Please check the appropr	iate boxes:				
Support Oppose Neither Supp	oort Nor Oppose	and	. Do no	to speak t wish to speak able to answer que	stions
At this meeting are you if (If you answered "no," of who you represent and	STOP; you need not con	iplete the rest of	other than yours this form. If yo	self: Yes u answered "yes,"	☐ No ' provide the name
Name, address and telep	hone number of each per	son or organizati	ion you are rep	resenting:	
FAIR ECEC	TONS WISO	CONSIN	WICMA	CCR M	FF TINGS
Are you being paid for y	our representation?			☐ Yes	M.
Are you appearing as pa (If you answered "no," a question)					No go on to the next
	Public Heating (Commor				
	nformation Hearing Other Items				

REGISTRATION STATEMENT - PAGE 2

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

Date: 6/6/06

CITY OF MADISON

Registration S	Statement - Commo	on Council
Please Print	31 S \ PLE	ASE PRINT CLEARLY
Agenda No. 124	Nam Add	ne CARNESTINE MOSS dress 1729 BROWNing MADISON, UI 53704
Please check the appropriat	e boxes:	- (U) O O O O O O O O O O O O O O O O O O
Support Oppose Neither Support	t Nor Oppose	and ☐ Wish to speak ☐ Do not wish to speak ☐ Available to answer questions
	OP; you need not complete the	person other than yourself: Yes No ne rest of this form If you answered "yes," provide the name
Name, address and telephor	ne number of each person or o	organization you are representing:
Are you being paid for your	representation?	☐ Yes ☐ No
		is person or organization?
Info	lic Hearing (Common Council rmation Hearing er Items	3 minutes

REGISTRATION STATEMENT - PAGE 2

Are you an el other governr	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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Date	Signature
	Print Name