

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name Charishe Howell-Verios
Address 6408 Hammer Slay Rd
Madison

Date 8/11/10
Item _____



Support



Oppose



Wish to Speak

Do Not Wish to Speak

Available to Answer Questions



Yes ☐ No

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.)

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

Animal Shackles

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.)

Registration Statement - Page 2

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 8/11/10

Signature



Print Name

Christie Howell-Yaris

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name

Bayneus (m. Cte.

Date

8-11-10

Address

1001 Bayneus
Madison WI 53715

Item

☐

Support

☐

Oppose

☐

Wish to Speak

☐

Do Not Wish to Speak

☒

Available to Answer Questions

☐ Yes

☐ No

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.)

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

Julie Shannon (Bayneus)
608-251-7808 ext 24 / 881-5522 cell

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

Registration Statement - Page 2

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 266-4691 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 8-11-10

Signature



Print Name

Julie Shannon

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name Maria Meschino
Address 1403 Lecky Ln
Madison, WI 53713

Date 8/11/16
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:

Bills Meschino of Center
1417 Lecky Ln Dr.
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.)

Registration Statement - Page 2

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 _____ Signature _____

Print Name _____

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee

Name of Board, Committee or Commission

Name Tom Selby St

Address _____

Date 8/11/10

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:

BIM/Mea

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

Registration Statement - Page 2

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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 County Building, Madison, for more information.)

Date 8/9/10

Signature

Tom Sawyer

Print Name

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name Donna Fox
Address 5222 Painted Post Dr.
Madison, WI 53716

Date 8/11/10
Item Campy Center

☐ 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:

Campy Center
2128 Forder Ave Ste. 110
Madison, WI 53704

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.)

Registration Statement - Page 2

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 8/11/10

Signature Dona Fox

Print Name Dona Fox

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name Alissa Schultz/Kathy Hubbard Date 8/11/10
Address ~~1710 Fordem Ave~~ 526 Orchard Dr Item _____
Madison, WI 53704

☒ 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:

Children's Service Society of Wisconsin
1710 Fordem Ave.
Madison, WI 53704 608-221-3511

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.)

Registration Statement - Page 2

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 8/11/10

Signature



Print Name

Alyssa Schultz

CITY OF MADISON

Note: When Brianna and other staff are here as it is a presentation

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name George Husenwiler
Address 5 Odana Ct
Madison WI 53719

Date 8/10/10
Item Childcare questions

☐ Support ☐ Oppose
2 questions about George

☒ ☐ ☐
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:
4-C 5 Odana Ct Madison WI 53719
271-9181

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.)

Registration Statement - Page 2

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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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
Not lobby answering question

(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 8/10/10

Signature

George Hyman

Print Name

George Hyman

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name Brianne Heidke
Address 5 Odessa Ct.
Madison, WI 53719

Date 8-11-10
Item _____

☐ Support ☐ Oppose

Here to answer 2's

☒ ☐ ☐
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:

5 Odessa Ct.
A-C
Madison, WI 53719

Are you being paid for your representation?

☒ Yes ☐ No
☒ 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.
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Registration Statement - Page 2

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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 County Building, Madison, for more information.)

Date 8-11-10

Signature Brianne J. Hein

Print Name Brianne Heide

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name
Address

Moby T. Brady
51381 Prairie Road Rd
Madison WI 53704

Date 8-11-10
Item

☐ Support

☐ Oppose

☐ ☒

Wish to Speak

Do Not Wish to Speak

Available to Answer Questions

☒ Yes ☐ No

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.)

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

Dave County Board Counsel, Inc.

Are you being paid for your representation?

☒ Yes ☒ No

☐ 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.
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Registration Statement - Page 2

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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

Early Childhood Care and Education Committee

Name of Board, Committee or Commission

Name
Address

Daniel H. Moeckler
2996 Redwood Trail
Madison

Date
Item

8/11/10

☐ 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:

Daniel H. Moeckler
2996 Redwood Trail
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.
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Registration Statement - Page 2

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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

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name
Address

Ten Ireland

Date
Item

8-11-75

☒ 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:

JOHN L. LAMM, JR.
2521 Locust Ave.
Madison, WI 53717

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.)

☒ Yes

☐ No

If you answered "yes," turn over to the next question.)

Registration Statement - Page 2

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 8/1/10

Signature

Print Name

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name
Address

Alyssa Kenner

Date

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:

Levelly Heights Community Center
604 Leavelly Heights 53744

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.
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Registration Statement - Page 2

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Date 8/11/10

Signature

Print Name

Alyssa Dunbar

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee

Name of Board, Committee or Commission

Name Angela Torrice ³ Panel
Address 149 Wabesa St. Date 8/11/2010
Madison, WI 53704 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:

Goodman Community Center - Becky Steinhoff

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.
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Registration Statement - Page 2

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Date 8/11/2010

Signature

Print Name

Angela Antonio

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name Jill W. Pfeiffer
Address 927 O'SHEA RD. ST.
MADISON, WI 53715

Date 8/11/10
Item 201

☐ 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:

USIAC Conn. Ed. Center (608) 833-4979
55 S. Gannon Rd.
MADISON, WI 53717

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.

Registration Statement - Page 2

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(If you answered "yes" to the question, **STOP**. You need not complete the rest of this form except that you must sign this form.
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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 8/11/10

Signature 

Print Name Jill W. Proffer

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name AFI LAKE
Address 1020 FISHER ST

Date 8/11/10
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:
LOSSIER COMMUNITY EDUCATION CENTER

Are you being paid for your representation?

☐ Yes ☐ No
☐ 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.)

Registration Statement - Page 2

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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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 8/11/10

Signature



Print Name

AFI LAKE

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name Paul Terranova
Address 1230 Spaight St
Madison WI 53702

Date 8/11/10
Item Program Funding for LCEC

☒ 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:

LCEC
55 S. Commerce Rd
Madison WI 53707

Are you being paid for your representation?

☐ Yes ☐ No
☒ 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.)

Registration Statement - Page 2

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

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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 8/11/10

Signature [Signature]

Print Name Paul Tewarson

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee

Name of Board, Committee or Commission

Name
Address

Cristine Reed Janet Dyer
5734 Raymond Rd
Madison WI 53711

Date
Item

8-11-10

☒ 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:

Madison School & Comm. Dist. - Meadwood Neighborhood Center

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.)

Registration Statement - Page 2

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

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name Zanna Majerle (mailee)
Address 29 S. Mills St.
53713

Date 8/11/10
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:

Neighborhood House

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.)

Registration Statement - Page 2

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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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 8-11-10

Signature

Zanna Majors

Print Name

Zanna Majors

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name
Address

SHARLE KAY
206 E WINEPARK DR

Date
Item

8/11/10
Grant Support Program

☒ Support

☐

Oppose

☒
☐
☐

Wish to Speak

Do Not Wish to Speak

Available to Answer Questions

☐ Yes ☐ No

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.)

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

RAINBOW

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.)

Registration Statement - Page 2

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

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name Eliza Wade
Address The Rainbow Project
1100 Oak Hill

Date 8-11-10
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:

The Rainbow Project / Grandparents' Group

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.)

Registration Statement - Page 2

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 8/11/10

Signature

Ellen Wade

Print Name

Ellen Wade

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name ETHEL DUNN
Address 137 Oaklawn St
Madison, Wisconsin 53705

Date 8/11/10
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:
Rainbow Project 355-7356

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.)

Registration Statement - Page 2

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 County Building, Madison, for more information.)

Date _____ Signature _____

Print Name _____

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name
Address

Hope Saadeau
1014 Vera Court
Madison WI

Date
Item

8/11/10

☐ 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:

Vera Court Neighborhood Center
1014 Vera Court
Madison WI 53704

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

Registration Statement - Page 2

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 8/11/10

Signature [Signature]

Print Name Hope Sadouni

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name Ben White
Address 614 Vera Ct.
Madison, WI 53704

Date 8/11/10
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:

Vera Ct. Neighborhood Center
614 Vera Ct.
608-246-8372

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

Registration Statement - Page 2

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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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

NDRA CAPPS
Registration Statement

Early Childhood Care and Education Committee

Name of Board, Committee or Commission

Name

KAY STEVENSON
KAY MC CARTHY
WISCONSIN YOUTH COMPANY

Date

8.11.10

Address

1201 MCKENNA BLVD
MADISON, WI 53719

Item



Support



Oppose



Wish to Speak

Do Not Wish to Speak

Available to Answer Questions

☒ Yes ☐ No

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.)

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

WISCONSIN YOUTH COMPANY

1201 MCKENNA BLVD

MADISON, WI 53719 276-9782

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.)

Registration Statement - Page 2

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

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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 8.11.10

Signature

Mary McLarky

Print Name

MARY MCCARTHY

CITY OF MADISON

Registration Statement

Early Childhood Care and Education Committee
Name of Board, Committee or Commission

Name Ken Weber / Jerome Flowers
Address 953 Denner St.
Madison 53703

Date 8/12/10
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:

2211-Mac Donnellwood Center

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.)

Registration Statement - Page 2

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 _____ Signature _____

Print Name _____